

John Henry Gilley  
1055269  
2400 WALLACE PARK RD.  
HAWTHORPE, TX 77068

Friday  
22 Feb 2019

United States District Judge  
Southern District of Texas,

Po. Box 61010  
Houston, Tx 77208

United States Courts  
Southern District of Texas  
FILED

MAR 04 2019

David J. Bradley, Clerk of Court

Dear Judge,

I'm writing you in what I believe to be a moment of dire circumstance. I have tape worms moving across my back and up the back of my head. I do not know if I have long,

I have been denied healthcare due to my lengthy complaints. I'm sending this Motion because I do not know what else to do.

LOVERS

Healthcare is \$100. This motion / suit is \$100.

This statement should be self explanatory. I receive  
\$50 a month, auto deposited from my father's account.

The pulse from my temple does not exist. I've submitted  
2 sick call requests. No test. I believe this worm  
was at the bottom of my spine for over a year. The Staff (med)  
on Stiles told me it was back spasms. After 3<sup>rd</sup> colonoscopy  
I had multiple ear infections that I reported something moving  
in my ear. Went to ENT@ Hospital Galveston, they wanted to do  
~~a~~ hearing test, to see if mass interfered w/hearing!

These people left me in a wheelchair with no diagnosis!  
other than psychogenic. Please help!

If I pass, all proceeds to E.F.R.A.T., an ISRAEL charity  
(anti-abortion).

Respectfully

John H Gilley

1055269

cc: All Parties

8



## Texas Department of Criminal Justice

**STEP 1      OFFENDER  
GRIEVANCE FORM**

Offender Name: Hilley, John TDCJ # 1055269  
 Unit: Shles Housing Assignment: PW-002  
 Unit where incident occurred: Shles

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018034867</u>
Date Received:	<u>11-03-17</u>
Date Due:	<u>12-18-17</u>
Grievance Code:	<u>601</u>
Investigator ID #:	<u>J2487</u>
Extension Date:	
Date Rtd to Offender: <u>FEB 16 2018</u>	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? \_\_\_\_\_ When? \_\_\_\_\_

What was their response? \_\_\_\_\_

What action was taken? \_\_\_\_\_

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

*Sell*  
*unlocked*

Action Requested to resolve your Complaint.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grievance Response:

Signature Authority: \_\_\_\_\_ Date: **FEB 16 2018**

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance #\_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

# 2018034807

On 11-2-17 I had a layin with Marshal in Psych. I showed her my swollen hand from a fall. I asked her if she thought it was broken. I informed her I got a sick call in the box @ A turn out on Wed 11-1-17. PA Dunlop looked @ it. I waited in cage to be seen by a nurse.

Nurse Leal, RN called me in via CO Manual. From the beginning, RN Leal did not want to provide medical care. When it came to getting weighed, she wouldn't help push my wheelchair up the ramp. I had to ask an offender to volunteer to push it up the ramp.

When we went from infirmary to lobby, she told me she didn't know what I was going to do. She was going to splint my hand, which would render it useless in turning no WHEELCHAIR WHEELS I can't use my feet. Now I can't use my Right hand. RN LEAL Clearly stated that Q

I am sick of this constant degradation by the medical staff. I told her not to insult my intelligence. She called for ~~an~~ Manual. I was then escorted from Clinic, No Informal Resolution provided nor Medical care rendered.

JMWS [Signature]  
1055269

(3)

Page 1 - Gilkey, John #1055269

On 2/08/18, you were interviewed by this writer, Kent Dickerson, Stiles Acting Practice Manager due to lost grievance you filed on 11/02/17. A copy of the draft you wrote and submitted of the grievance was obtained from you at that interview. Review of your hand written draft dated 11/02/17 of the grievance complaint indicates you were filing on K. Leal, RN due to her lack of medical treatment on this date. Further review of your medical record reveals Ms. Leal began to medically assess your complaint at 12:50 PM on 11/02/17 for complaint. Ms. Leal's clinic note indicates you arrived at the clinic prior to 12:10 and when you were called for at 12:15 security officers Neil reported you left the clinic in your wheelchair in route to chow hall.

Investigating official completes the section below:

Printed Name:

Kent Dickerson  
Practice Manager

Signature:

Kent Dickerson  
2-10-2018

Date:

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-0382. It is expressly prohibited to subject the grievant, other offenders, or staff to any

(4)

Page - 2 - Gilley, John # 1055269

You then return to the clinic at 12:50 PM, wheeling yourself into the clinic. Ms. Leal noted during the discussion of the plan of care and splint application and maintaining wheelchair mobility, you became upset, terminating the visit and started cursing her. She indicates you stated, "Call the warden he can push me back to my dorm." You are going to insult my intelligence incapacitate my hand and then tell me that I can't have a push pass." Ms. Leal indicates you then left the clinic prior to completion of the visit. Your medical record indicates Mr.

B. Dunlap, PA, had already ordered an x-ray at 12:15 PM on 11/02/17 of your right hand and then you left the medical clinic. Mr. Dunlap's clinical order also noted order for boxer splinter for 2 weeks, bag of tape for two weeks and medication order for Tylenol 325 mg. 2-tablets by mouth three times daily for 5 days, kop. The x-ray taken on 11/03/17 does indicate comminuted transverse fracture at the neck of the fourth metacarpal. On 11/04/17, you were seen in the medical clinic for SCR of right hand swollen and bruised. Ms. P. Owens, RN, did check your hand for bruises and circulation before splinting as ordered by Mr. Dunlap you were advised medical cannot order a push pass. Your medical record reflects you did receive appropriate health care treatment. Your grievance is unsubstantiated based on review of your medical record.



Kent Dickerson  
Kent Dickerson, Acting Stiles Practice Manager



## Texas Department of Criminal Justice

**STEP 2                    OFFENDER  
GRIEVANCE FORM**

Offender Name: John H. Gilley TDCJ # 1055269  
 Unit: 511es Housing Assignment: 19 W2  
 Unit where incident occurred: 511es

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018034867</u>
UGI Recd Date:	<u>3/7/18</u>
HQ Recd Date:	<u>MAR 9 - 2018</u>
Date Due:	<u>4-21</u>
Grievance Code:	<u>601</u>
Investigator ID #:	<u>I2584</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...  
of Respondent's refusal to address the issue in the light of natural observation, instead of covering up a serious issue. I arrived at the clinic for an 11:00 am clinic appt. After seeing Mental Health for sch'd appointment, Marshall called Dunlop and that is who I saw at 12:00pm. RN Leal was just following orders given from Dunlop. At this time, 12:10pm RN Leal stated that I needed to wait in the cage until she was ready. I asked CSM McNeil about Chow. From CCTV, an offender of my choice assisted me to Chow. Medical did not offer to provide chow, and why should I have to starve to receive medical care. RN Leal was quite aware that I went to chow, she was right next to CSM McNeil. This is lie number one. I didn't wheel myself into the clinic. I grabbed the sink and pulled to the window, pulled a little using the lip of counter. Rebounding to the first desk behind where Ebner sits, second desk from entrance door. Pulling with one hand is the fact, Respondent's portrayal, lie number 2. The next lie covers a few sentences. Respondent clearly states RN Leal claims she discussed wheelchair mobility with me, then I terminated the treatment and resorted to using abusive language. Well, Well, Well, and then I finally did receive medical care from RN Owens. Because someone did provide the splint, I receive care and my complaint is very unsubstantiated. Let us start with policy A-8.4, Offender Medical and Mental Health Classification, and RN Leal's notes as well as Respondent's statements clearly show this assessment did not occur. Policy G-51.1 Offenders with Special Needs, clearly state what should occur if I'm unable to take care of myself in



general population. None of these Policy's were followed. From my past Step 2's, the OPS clearly sees my familiarity with UTMB responsibilities as stated within the CMTE policies found in law library. A push pass is irrelevant and requires an offender to perform the job that UTMB is required to perform per above styled policies. My mother called the family hotline to complain. An inmate is to be assigned to medical by case form E-37. I never asked for a push pass; I expected medical care, not a medical ~~to your Step 1 medical grievance you stated you were denied appropriate medical by the person named in your grievance. You are requesting to receive appropriate medical care for your wrist.~~ Offender Signature: John H. Miller Date: 3-22-18

~~In view of the health record reveals documentation to support the response at Step 1. A statement submitted by the medical staff deny your claims of unprofessionalism or denial of treatment. Documentation in the medical record indicates that you have been afforded access to proper medical care in accordance with Correctional Managed Health Care Policy E-37.1. You have addressed new issues at Step 2, which will not be responded to at this time. You may attempt informal resolution and then file a Step 1 Grievance if you feel it needs further evaluation.~~

Review of the health record reveals documentation to support the response at Step 1. A statement submitted by the medical staff deny your claims of unprofessionalism or denial of treatment. Documentation in the medical record indicates that you have been afforded access to proper medical care in accordance with Correctional Managed Health Care Policy E-37.1. You have addressed new issues at Step 2, which will not be responded to at this time. You may attempt informal resolution and then file a Step 1 Grievance if you feel it needs further evaluation.

Signature Authority Sick Call Request if you feel your condition has changed to warrant further evaluation. Date: 3-22-18

Returned because: \*Resubmit this form when corrections are made.

#### STEP II MEDICAL GRIEVANCE PROGRAM

- 1. Grievable time period off professional standards
- 2. Illegible/incomprehensible
- 3. Originals not submitted.\*
- 4. Inappropriate/excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
2 <sup>nd</sup> Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
3 <sup>rd</sup> Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- ~~Unit Assignment, Transfer (Chairman of Classification, Administration Building)~~
- ~~Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)~~
- ~~Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)~~
- ~~Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)~~
- Visiting List (Asst. Director of classification, Administration Building)
- Parole requirements and related information (Unit Parole Counselor)
- Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
- Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medical  
(Name and title of official)

DATE: 12-6-17

ADDRESS: Stiles

**SUBJECT:** State briefly the problem on which you desire assistance.

I need to be seen by provider for asthma issues,  
shortness of breath. (E. 37.1)

Name: John A. Gilley No: 1055269 Unit: ST  
 Living Quarters: 19W2 Work Assignment:

**DISPOSITION:** (Inmate will not write in this space)

You have missed your scheduled app for evaluation.

# Sch NSC: eval respiratory status

Lmidkiff/ln 12/1/17

**RECEIVED**

DEC 07 2017

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medica  
(Name and title of official)

DATE: 12-02-17

ADDRESS: \_\_\_\_\_

SUBJECT: State briefly the problem on which you desire assistance.

I need to see provider regarding chronic care - asthma issues

RECEIVED  
DEC 04 2017

Name: John H. Gilliey No: 1055269 BY:  
Living Quarters: 19 W2 Unit: 57115  
Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation  
L midkiffen  
12/4/17

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole-eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

*M. K. [Signature]*  
(Name and title of official)

DATE:

*12-7-17*

ADDRESS:

SUBJECT: State briefly the problem on which you desire assistance.

I need to been seen about asthma issues.

RECEIVED  
DEC 01 2017

By:

Name: John Giffey

No: 1055269

Unit: ST

Living Quarters: 19W2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation  
Lmidkiff  
12/4/17

☆I-60 (Rev. 11-90)

(13)

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medical  
(Name and title of official)

ADDRESS: Stiles

DATE: 11-29-17

SUBJECT: State briefly the problem on which you desire assistance.

This is my 5<sup>th</sup> Request for appt with a provider (licensed responsible physician) regarding chronic-care issue with my diagnosed Persistent Moderate asthma. I need another albuterol inhaler.

Prior Requests: 1<sup>st</sup> 11-20-17

2<sup>nd</sup> 11-24-17

3<sup>rd</sup> 11-26-17

4<sup>th</sup> 11-28-17

(S)

RECEIVED

DEC 03 2017

BY:

No liaison with TDCJ-CID security @ Stiles Unit has been schd, sent, or rec'd, as of Weds night (11-29-17)

Name: John H. Gilley No: 1055269 Unit: ST

Living Quarters: 19W2 Work Assignment:

DISPOSITION: (Inmate will not write in this space)

*You are scheduled for evaluation.  
Lmidkiffra*

12/3/17

## INMATE REQUEST TO OFFICIAL

CO - Mhj

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Melissa \_\_\_\_\_  
(Name and title of official)

DATE: 11-29-17

ADDRESS: ST \_\_\_\_\_

SUBJECT: State briefly the problem on which you desire assistance.

5<sup>th</sup> Request

I need to see MLP regarding chronic care issue, asthma.

I need another inhaler, albuterol. SCR sent on 11/20, 11/24, 11/26, 11/28,

11/29.

RECEIVED  
DEC 9 2017

BY:

Name: John H Spiller

No: 055269

Unit: S1

Living Quarters: 19 W2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation  
J Midkiff  
12/2/17

To: Medical  
From: John H. Gilley  
(08552469)  
IAW 2

Tues  
11-28-17

RECEIVED  
NOV 29 2017  
BY: \_\_\_\_\_

I need another albuterol inhaler. W<sup>th</sup> request.

1<sup>st</sup> 11-20  
2<sup>nd</sup> 11-24  
3<sup>rd</sup> 11-26

You missed your appt for evaluation  
on 11/27/17.

Your appt will be rescheduled.

L midkiffen  
11/29/17

10

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medical DATE: 11.26.17  
(Name and title of official)

ADDRESS: \_\_\_\_\_

SUBJECT: State briefly the problem on which you desire assistance.

3rd request

I need to receive another albuterol inhaler.

1<sup>st</sup> request made 11-20-17

DEC

2<sup>nd</sup> request made 11-24-17

NOV 28 2017

BY:

Name: John H. Gilley  
19-W-2

No: 1055269

Unit: 5 files

Living Quarters: Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You were scheduled for evaluation 11/26/17 but missed your appt. You will be rescheduled

L Midkiffen

11/28/17

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

**INMATE REQUEST TO OFFICIAL**

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO:

Medical

(Name and title of official)

DATE:

11-24-17

ADDRESS:

SUBJECT: State briefly the problem on which you desire assistance.

I ~~need~~ need to be seen about asthma issues *JH*

Request, 1<sup>st</sup> on 11-20-17. I saw JMS-Smoots on  
11-21-17 about Nasorex spray sick call.

I've run out of albuterol. Need another inhalator

Name: John H Gilley

No: 10055269

Unit: ST

Living Quarters: 19 W2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Sch NSC; Eval asthma status: pt has used entire preventer inhaler in 35 days.

RECEIVED  
NOV 24 2017

Lynne Kiffen

11/24/17

BY:

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medical  
(Name and title of official)

DATE: 11/18/17

ADDRESS: \_\_\_\_\_

SUBJECT: State briefly the problem on which you desire assistance.

I'm having asthma issues, I need to see Sch NSC

THANKS

Name: John H Gilley

No: 1055269

Unit: ST

Living Quarters: 19W2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

Sch NSC: asthma issues  
R Midkiffen  
1/26/17

RECEIVED

1/26/17

BY: \_\_\_\_\_

(7)



## Texas Department of Criminal Justice

**STEP 1      OFFENDER  
GRIEVANCE FORM**

Offender Name: John H. Willey TDCJ # 1055269  
 Unit: Stiles Housing Assignment: 19W2  
 Unit where incident occurred: Stiles

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018048718</u>
Date Received:	<u>11-30-17</u>
Date Due:	<u>1-14-17</u>
Grievance Code:	<u>614</u>
Investigator ID #:	<u>I2487</u>
Extension Date:	
Date Retd to Offender:	<u>JAN 2 1 2018</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NSC to Medical When? 11-24-17

What was their response? Schel NSC

What action was taken? Never was schel NSC, wrote grievance

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I am reporting VTRM-CMC, the contracted health care provider at Stiles Unit documented refusal to provide necessary healthcare as agreed upon in the CMHC Contract and the derived policies. Policy A-9.1 and E-37.1 are the policies to be reviewed. On 11-20-17 I signed 1st Sick Call for asthma issues, sched'ing for NSC. On the same day, 11-20-17, RN Midkiff schel'd another SCB, one requesting a 2nd opinion for NasoneX for a NSC. On 11-21-17, I was seen via telemed by Tandra Smock, APRN, for the opinion on NasoneX only. After telemed visit, I spoke to RN Clark about 1st NSC and my need for another inhaler. When RN Clark told me to get another NSC, I immediately spoke to RN Carol Nichols. RN Nichols took my 1D and told me I would receive another inhaler in 10 days. RN Nichols lied to me and told me I would receive another inhaler by PM - pill round on Weds 11-23-17. This turned out to be a lie. I sent another NSC on 11-24-17. Midkiff rec'd NSC and wrote that a NSC would be schel'd (11-24-17). I put a third SCR on 11-26-17 due to the severity of the issue. As seen as of 11-28-17, she has not been put in another SCR. I'm using another patient's inhaler taught by her because of the Stiles Unit Medical Dept's refusal to treat me. I believe this is retaliation due to my prior complaints and my family's involvement. Due to the severity of my asthma, I believe the medical is hoping to jeopardize my safety. NOV 3 0 2017  
 NOV 3 0 2017

This is not the first time I've needed a new inhaler after thirty days.  
 8-9-17 ~ new inhaler NOV 3 0 2017  
 9-2017 ~ new inhaler NOV 3 0 2017  
 10-2017 ~ new inhaler NOV 3 0 2017

NOV 3 0 2017

2017

2017

NOV 3 0

2017

## Action Requested to resolve your Complaint:

For TDCJ Staff to enforce CHIC policies and  
Take me to doctor that wants to treat me for Chronic issue.

Date: 11/23/17

Offender Signature: *John H. Miller*

Grievance Response:

You indicated that C. Nichols, RN, took your inhaler on 11/23/17. The following day 11/24/17 you were seen by Midkiff, RN for nurse sick call for current inhaler ran out. Ms. Midkiff, RN wrote on your sick call slip that you had used your current Proventil Inhaler in 35 days. On 11/26/17 C. Nichols noted in your clinic record you were a NO Show for nurse sick call. On SCR, received 11/28/17, Ms. Midkiff advised you, the nurse sick call appointment scheduled for you resulted in your missing appointment. On your SCR dated 11/29/17, Ms. Midkiff advised you that you missed the clinic appointment scheduled for you on 11/27/17 and that you would be scheduled for 11/29/17 appointment. On 12/11/17, G. Daniel, PA renewed your Proventil Inhaler for 45 days duration with 3 refills before 6/09/18. The providers ~~saw~~ the pharmacy order inhaler for a specific duration of time. You're encouraged to stay within the time frame the inhaler is ordered. Your grievance is unsubstantiated based on medical information reviewed in your medical records.

Signature Authority: *Kent Dickerson*

Date: 1-19-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.  
State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
2 <sup>nd</sup> Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 <sup>rd</sup> Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



**Texas Department of Criminal Justice**  
**STEP 2 OFFENDER**  
**GRIEVANCE FORM**

Offender Name: John Henry Gilley TDCJ # 1055269  
 Unit: Stiles Housing Assignment: FWZ  
 Unit where incident occurred: Stiles 19W-2

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018048718</u>
UGI Recd Date:	<u>1-29-18</u>
HQ Recd Date:	<u>JAN 30 2018</u>
Date Due:	<u>3-15</u>
Grievance Code:	<u>616</u>
Investigator ID #:	
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because...*

Practice Manager Mr Dickerson clearly states that on 11-24-17 RN Midkiff saw me. This is a cover up. By her seeing me, why did she see me, then schedule another NSC. In fact, RN Midkiff received my sick call on Friday, 11-24-17, claims she scheduled a NSC for 11-26-17, as it states on the NSC she sent back. (ref step 1) Well, well, the problem is the RDSO layin system is down until 11-28-17 because it is Thanksgiving. NO LAYINS COULD BE SCHEDULED, AND NO RETURN TO CLINIC PASS could be sent. Since RN Midkiff works nights, she never called me out, and C. Nichols works days no call out to nurses or doctors.

To prevent treatment, RN Midkiff & RN C. Nichols, both working for UTMB-CMC @ the TDCJ units for over a decade, falsified medical records / government documents to paint a picture of non-compliance by the patient, when in fact RN Midkiff and RN C. Nichols entered into an organized crime unit, violating Tx.Pen.Code 37.05, 39.03, to deny necessary healthcare, attempting to accelerate patient's Moderate Persistent asthma, risking patient's life.

These Penal Code violations are Class III felonies. This is not the first time, and is documented, as occurring on 11-27-17 as well. ~~Recently -~~  
~~Recently -~~

No LAYINS could be scheduled after 11-22-17 around 11am until after 11-27-17, which was the Monday after Thanksgiving. The PEARL MRS shows no Return to Clinic Passes Printed. RV A.D.S.F

uses government documents, Sick Call Forms & I-10's to claim treatment was attempted, but refused by patient.

Offender Signature:

Date:

**Grievance Response:**

A review of the Step 1 medical grievance has been completed regarding your complaint of needing another albuterol inhaler.

An appellate review of the medical grievance and clinical records indicate you have a history of asthma. According to your medication compliance report you were issued your albuterol (Proventil) inhaler on 10/18/2017, which was prescribed for ninety (90) days. It is noted you received the next inhaler on 12/14/2017 and 01/28/2018 and they were ordered for forty five (45) days. You have also received your prescribed dueler inhaler on 11/26/2017, 12/26/2017, 01/25/2018 and 02/22/2018.

You are encouraged to work with the unit providers to ensure the best possible treatment for your health care needs. If you feel your situation requires further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
Signature Authority: TDCJ HEALTH SERVICES DIVISION**

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted.\*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Initial Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
<b>2<sup>nd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
<b>3<sup>rd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	

SUBJECT: State briefly the problem on which you desire assistance.

I need to see provider about sinus problems. My sinus allergies are directly linked to my asthma, as diagnosed by HG @ Pulmonary (12-30-15) after hospital stay in Oct '15 @ HG.

Since HV Pharmacy hasn't approved Nasomex, I need to speak to provider about alternative treatment plan to deal with some of my problems. Right now is cedar season and even with singulair at night, I'm still having rhinirrhea.

Name: John H. Gilley

No: 1055269

Unit: ST

Living Quarters: 19-W-2

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

You are scheduled for evaluation  
R.Midkiff

12/16/17

12/16/17  
12/16/17

BY:

(18)

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medical  
(Name and title of official)

DATE: Dec 12, 2017

ADDRESS:

SUBJECT: State briefly the problem on which you desire assistance.

I need to be evaluated by a provider regarding off unit appointment @ neurologist, and the treatment plan offered by specialist

Note: I was lay'd in for app't with PA Daniels regarding SCR sent on 12-16-17 about the need for eval for new treatment plan regarding sinusitis, its effect on asthma since I'm not being approved by Pharma for Nasonez. I showed for layin, but it was cancelled, and I was told I would be rescheduled. This has not happened. I know this is two issues, but I need these issues to be addressed through eval by a provider.

Name: John H. Gilley No: 1055269 Unit: ST  
 Living Quarters: 19 W 2 Work Assignment: N/A

DISPOSITION: (Inmate will not write in this space)

Sch NSC: Discuss HS Neuro plan of care, sinusitis

Lmidkiffra

1/5/18

RECEIVED

JAN 05 2018

BY: \_\_\_\_\_

(T9)

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medical - Chronic Care

(Name and title of official)

DATE: 1-3-18

ADDRESS: 5 files

## Texas Department of Criminal Justice



## STEP 1

OFFENDER  
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055269  
 Unit: S-Files Housing Assignment: 19 W2  
 Unit where incident occurred: S-Files

OFFICE USE ONLY	
Grievance #:	2018092064
Date Received:	FEB 23 2018
Date Due:	4-9-18
Grievance Code:	613
Investigator ID #:	IOP9109
Extension Date:	JUN 08 2018
Date Retd to Offender:	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? RN Leal FEB 23 2018

When? Jan 16, 2018

What was their response? I was marked a NO SHOW for 12-18-17 appt with PA Daniels

What action was taken? Writing this grievance FEB 23 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I'm grievances the felonious activity of the UTMB-CMC clinic @ S-Files Unit. An employee of UTMB-CMC clearly falsified Medical Records by inputting into the PEHRL MRS that I was a no show for an appt scheduled on December 18, 2017 to see MLP PA Daniels regarding the need for a new treatment plan since Nasonez was not appeared by Pharmacy (sinusitis).  
 FEB 23 2018

What is great, is that TDCJ has placed me on a unit with Video Camera's everywhere. The video camera placed in the holding page for medical will clearly show me wheeling into medical for appt, and giving the CO on duty my lay-in, which authorizes me to be there. Had I not arrived for schd appt, I would have rec'd an offense report (Code 24 and Code 27)

The camera will show the same CO coming out with four to five lay-ins, a couple of hours later, and letting all of us out and sending us back to our houses. The appointment was cancelled for several offenders because PA Daniels left early due to Holidays (so the CO said) FEB 23 2018

The date/time stamp will clearly show I was there. If the CO was doing their job, by policy, the CO would have filled out the Security log themselves upon my arrival. FEB 23 2018

FEB 23 2018

I'm being retaliated against by the medical contractors due to my complaints of fraud, HIPA violations. This ~~current~~ current issue, falsifying medical records, is part of a broader one, retaliation, that TDCJ staff is allowing. The UGI is responsible to verify security footage and report this felony

FEB 23 2018

I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

FEB 23 2018

(OVER)

20  
Appendix F

~~to - OIG FEB 23 2018~~~~FFB 2/23/2018~~

Action Requested to resolve your Complaint. For TDCJ staff to enforce contract (policies) with VTNB - CMC contractors and investigate claim of illegal activity and hold accountable.

Offender Signature: John W. MillerDate: 1-9-18 FEB 23 2018

Grievance Response:

Your medical record indicates you were scheduled a provider appointment on 12/18/17 to discuss your asthma concern and problems with inhaler prescribed. The reminder note reflects you were a no show for your scheduled appointment and your claims that the provider left early, cannot be supported. You're encouraged to attend all future medical appointments scheduled at the time the appointment is scheduled. You have been seen by multiple providers since this date. Submit a sick call slip if you have other concerns. Your grievance is unsubstantiated.

Signature Authority: Karen DahlbergDate 6-5-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

JUL 25 2018



## Texas Department of Criminal Justice

**STEP 2                    OFFENDER  
GRIEVANCE FORM**

Offender Name: John D. Valley TDCJ # 1055269  
 Unit: Stiles BX/HG Housing Assignment: 19W12  
 Unit where incident occurred: Stiles

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018B92064</u>
UGI Recd Date:	<u>JUN 22 2018</u>
HQ Recd Date:	<u>JUN 26 2018</u>
Date Due:	<u>08 Oct-2018</u>
Grievance Code:	<u>613</u>
Investigator ID #:	<u>I0352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

TDCJ staff did not intervene and review the C.C.T.V. footage to stop the practice of falsifying medical records by UTMB-CMC staff. There is no security log book recording the arrival and departure of offenders. When an offender arrives at the infirmary, lay-ins are collected and placed in a bin on a desk. Common practice is if a MLP is unable to see you for the scheduled appt, instead of rescheduling, it is easier to mark you a no-show.

In this case review of footage would have verified where I was on 12-18-17 because if I wasn't at the clinic I was OUT OF PLACE. Also went through one court in the morning.

I have other grievances that I've submitted regarding this issue because of the improper handling of SCR and the fact that many times I have to wait twenty to thirty days to see a provider. To do this, falsifying records is occurring.

And whether I've seen multiple providers since then is irrelevant, since I've had to submit more SCR to make this happen.

Any record kept for an offender is governed by Penal Code 37.09. I was there at clinic as recorded by CCTV. Staff is refusing to use video cameras to hold these nurses accountable for



**OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date: 6/29/18

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Soft tissue envelope - normal  
 Callus - none  
 Nails - normal  
 Tenderness to palpation at bilateral achilles tendon insertion

Dorsalis pedis pulse - palpable  
 Posterior tibial - palpable  
 Capillary refill - brisk

**Motor Function:**

	<u>Right</u>	<u>Left</u>
DF: TA: EHL: EDL	5/5	5/5
PF : AT : PT : FHL : FDL	5/5	5/5
IN : Ant Tib : Post Tib	5/5	5/5
EV: Peroneals	5/5	5/5

Sensation: with 5.07: normal

**Special Tests:**

Drawer's Test:  
 Lachman Test:  
 Squeeze test: negative bilaterally  
 Single heel:  
 Double heel:  
 Coleman block test:  
 Silverskiold test:  
 First ray mobility:

**Interval PEx 9/10/2015 :** TTP at achilles insertion, lesser under heel. Big toe pain may be back related.

MRI:

Left -

**IMPRESSION:**

Distal Achilles tendinopathy/interstitial tearing.

Plantar fascitis with plantar calcaneal enthesitis.

Mild peroneus brevis tendinopathy.

Right - The Achilles tendon exhibits minimal distal thickening with multiple areas of interstitial high T2 signal foci.

The tendons of the anterior compartment are unremarkable.

The tibialis posterior is unremarkable.

No peroneal tendon tear is seen. A peroneus quartus is present.

The plantar fascia is within normal limits.

**Assessment/Diagnosis:**

**CORRECTIONAL MANAGED CARE  
CLINIC NOTES**

**Patient Name:** GILLEY, JOHN H **TDCJ#:** 1055269 **Date:** 05/03/2017 11:08 **Facility:** STILES (ST)

**Age:** 45 year **Race:** W **Sex:** male

**Most recent vitals from 5/1/2017:** BP: 133 / 82 (Sitting) ; Wt: ; Height: 75 In.; Pulse: 91 (Sitting) ; Resp: 18 / min; Temp: 98.5 (Oral) BMI: ~>; O2 Sat:

**DOI:** 8/31/2001

**CURRENT PEAK FLOWS:** PF 1: ; PF 2: ; PF 3:

**PRIOR PEAK FLOWS:** PF1 : ; PF 2: ; PF 3:

**Allergies:** DEMEROL, PHENYLPIPERAZINE ANTIDEPRESSANT, PENICILLINS, BETA LACTAM ANTIBIOTIC CEPHALOSPORINS, ANTICHOLINERGICS ANTICHOLINERGICS,QUATERNARY

<b>Patient Language:</b> ENGLISH	<b>Name of interpreter, if required:</b>
----------------------------------	--

**Current Medications:**

**CETIRIZINE 10MG TABLET #**

1 TABS ORAL DAILY for 30 Days  
NFA # 352439A [INDEF]

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DUNLAP, BRENDAN A

COMPLIANCE: 90.24 %

REFILLS: 5 / 11

EXPIRATION DATE: 11/16/2017 09:23:00AM

**DULERA 100/5MCG INH 120PUFFS #**

2 PUFFS INHALATION TWICE DAILY  
for 30 Days KOP  
NFA#126444 [8/31/17]

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DUNLAP, BRENDAN A

LAST DATE GIVEN KOP: 04/28/2017 01:56:19PM

REFILLS: 8 / 11

EXPIRATION DATE: 8/26/2017 11:33:00AM

**LISINOPRIL 20MG TABLET**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DUNLAP, BRENDAN A

LAST DATE GIVEN KOP: 03/22/2017 02:11:12PM

REFILLS: 8 / 11

EXPIRATION DATE: 8/21/2017 07:31:00AM

**LITHIUM CARBONATE 300MG CAP**

2 CAPS ORAL TWICE DAILY for 30 Days

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: NATHAN, PRADAN A

COMPLIANCE: 85.89 %

REFILLS: 5 / 11

EXPIRATION DATE: 11/17/2017 07:28:00PM

**MONTELUKAST 10MG TABLET #**

1 TABS ORAL EVERY EVENING for 30 Days  
NF #352469A [INDEF]

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DUNLAP, BRENDAN A

COMPLIANCE: 90.44 %

REFILLS: 8 / 11

EXPIRATION DATE: 8/21/2017 07:32:00AM

**OMEPRAZOLE 20MG CAPSULE**

2 CAPS ORAL TWICE DAILY  
MORNING & EVENING for 30 Days

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DANIEL, GIDEON A

COMPLIANCE: 90.48 %

REFILLS: 1 / 2

EXPIRATION DATE: 6/21/2017 01:08:00PM

**PROVENTIL HFA 90MCG INH 200PF**

2 PUFFS INHALATION 4 TIMES DAILY  
for 90 Days KOP As Needed (PRN)

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: DUNLAP, BRENDAN A

LAST DATE GIVEN KOP: 02/24/2017 03:20:33PM

REFILLS: 2 / 3

EXPIRATION DATE: 8/21/2017 07:31:00AM

**RANITIDINE 150MG TABLET**

2 TABS ORAL TWICE DAILY for 30 Days

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: LASTRAPES, MICHELLE

COMPLIANCE: 85.00 %

REFILLS: 0 / 0

EXPIRATION DATE: 5/14/2017 06:33:00AM

**SODIUM CL 0.65% NAS SPRAY 45ML**

1 SPRAYS INTRANASAL 3 TIMES  
DAILY for 30 Days KOP

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: BALLARD, MELISSA

LAST DATE GIVEN KOP: 04/09/2017 02:52:27PM

REFILLS: 2 / 2

EXPIRATION DATE: 5/10/2017 02:53:00PM

**VENLAFAXINE ER 150MG CAPSULE**

1 CAPS ORAL EVERY EVENING for 30 Days

ORDERING FACILITY: STILES (ST)

ORDERING PROVIDER: NATHAN, PRADAN A

COMPLIANCE: 86.50 %

REFILLS: 5 / 11

EXPIRATION DATE: 11/17/2017 07:26:00PM

**CORRECTIONAL MANAGED CARE  
CLINIC NOTES**

**Patient Name:** GILLEY, JOHN H   **TDCJ#:** 1055269   **Date:** 05/03/2017 11:08   **Facility:** STILES (ST)  
ZIPRASIDONE HCL 80MG CAPSULE  
2 CAPS ORAL EVERY EVENING for 30 Days  
ORDERING FACILITY: STILES (ST)  
ORDERING PROVIDER: NATHAN, PRADAN A

COMPLIANCE: 88.43 %  
REFILLS: 9 / 11

EXPIRATION DATE: 8/04/2017 01:49:00PM

**Today's Problem:** W/C necessity, reflux, allergies  
5/3/2017

IS THIS VISIT THE RESULT OF A SCR?	X	YES
		NO

**S:** I am in a W/C due to an Achilles tendon debridement that occurred 18 months ago. I have been popping pepto bismol and my acid reflux medication for the past few years, I need a refill. I cough excessively and the fluid, discharge I can smell the food I last ate. I have been out of allergy medications and I need a refill. Denies HA, SOB, dizziness, chest pain, vomiting, and/or fever.

PMH:

Surgery: Achilles debridement (2016)

**O:** ABD: distended, gaseous, no tenderness noted in all quadrant. BLE: ROM in lower legs WNLs, moves legs with no distress.

**A:** Nausea  
GERD

**Plan is as follows:**

1. Continue medications as prescribed.
2. Will treat for H. Pylori although labs were negative→ On Omeprazole already so a false negative may be seen.
3. Transition inmate out of W/C into cane
4. Trade in W/C for cane
5. Issue cane x 365 days

**Started Meds:**

BISMUTH SUB 262MG CHEW TABLET 22963698 2 TABS ORAL TID KOP FINAL EXP. DATE: 5/06/2017 11:18:00AM	05/03/2017 11:18 REFILLS: 0      DURATION: 3 Days
metroNIDAZOLE 500MG TABLET 1 TABS ORAL TID KOP FINAL EXP. DATE: 5/13/2017 11:16:00AM	05/03/2017 11:16 REFILLS: 0      DURATION: 10 Days
MINOCYCLINE 100MG CAPSULE 1 CAPS ORAL BID KOP FINAL EXP. DATE: 5/13/2017 11:19:00AM	05/03/2017 11:19 REFILLS: 0      DURATION: 10 Days

**CORRECTIONAL MANAGED CARE  
CLINIC NOTES**

**Patient Name:** GILLEY, JOHN H **TDCJ#:** 1055269 **Date:** 05/03/2017 11:08 **Facility:** STILES (ST)  
He can operate his legs, staying in W/C may be detrimental to his ambulation quality.

Procedures Ordered:

Date Time	Description	Diagnosis	Comments	Special Instructions
5/3/2017 11:19AM	PROVIDER2-INTERMEDIATE OFFICE VISIT (F)	gastro-esophageal reflux disease, polyneuropathy in diseases classified elsewhere		

Electronically Signed by ADODO, CRYSTAL O. FNP on 05/03/2017.

Electronically Signed by BARBER, MARK A. DO on 05/03/2017.

##And No Others##



## Texas Department of Criminal Justice

STEP 1 OFFENDER  
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055269  
 Unit: Stiles Housing Assignment: 19 W 2  
 Unit where incident occurred: Stiles

OFFICE USE ONLY	
Grievance #:	<u>2018091740</u>
Date Received:	<u>2-23-18</u>
Date Due:	<u>4-9-18</u>
Grievance Code:	<u>601</u>
Investigator ID #:	<u>I2487</u>
Extension Date:	
Date Retd to Offender: <u>JUN 06 2018</u>	

- You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dir of Nursing RN Bellanger When? 2-7-18  
 What was their response? ABD: I informed Resolution of 1-30-18 visit w/Glenn, she told me to go to PSYCH  
 What action was taken? Writing this grievance

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I requested 2<sup>nd</sup> opinion regarding Neuro visit to off-site consultant  
FEB 23 2018  
and the offsite consultants refusal to provide access to diagnostic services  
FEB 23 2018  
substantiating their initial prognosis. APRN of Glenn refused and declared  
FEB 23 2018  
I would not receive a second opinion. Fine) *FEB 23, 2018*

*FEB 23 2018*

*FEB 23, 2018.*

FEB 23 2018*FEB 23 2018**FEB 23 2018***Action Requested to resolve your Complaint.***To be provided a second opinion as guaranteed by policy; OPS statement on Step 2, by another offsite consultant.***Offender Signature:***[Signature]***Date:** *2-8-18***Grievance Response:**

Review of your medical record does not find a clinical note by Ms. Glen for 2/07/18. Your medical record reflects on 1/02/18, you were seen at HG-Neuro and also on 4/12/18. Your medical record further reflects that on 5/11/18 you were seen at HG and you had a colonoscopy and endoscopy performed. Your medical record demonstrates you are getting medical care and treatment. Your grievance is unsubstantiated.

*Karen Dulciniow**6518***Signature Authority:**

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

**Returned because:** \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance #\_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

**UGI Printed Name/Signature:** \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

**Medical Signature Authority:** \_\_\_\_\_

I-127 Back (Revised 11-2010)

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	

JUL 25 2018



## Texas Department of Criminal Justice

**STEP 2**      **OFFENDER**  
**GRIEVANCE FORM**

Offender Name: John M Dilley TDCJ # 1035269  
 Unit: Stiles Housing Assignment: 19 W2 A4-24  
 Unit where incident occurred: Stiles

**OFFICE USE ONLY**

Grievance #: 2018091740  
 UGI Recd Date: 06/21/18  
 HQ Recd Date: JUN 25 2018  
 Date Due: 8-5  
 Grievance Code: 601  
 Investigator ID#: 10352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because:

Response is inaccurate and non applicable to issue. I saw NP Glenn on 1-30-18. I requested 2nd opinion as I'm entitled to by responses on almost every response from OPS/PLP. HG is an outside consult only - Unit Provider is primary responsible party providing health care. HG clearly stated in encounter notes they would not worry about cause of problem, only treat symptoms.

I requested a 2<sup>nd</sup> opinion/eval, Dr Ahmed Al Shawafreh was not present at eval on 1-2-18 as claimed in notes/billing. I never met this person, and will accept this as an error, if corrected. Also, Many issues written by Suther, Krishna MD are incorrect. This is because no notes are taken, and I discussed 2 year history over thirty minutes ie, the sudden gasping is result of stabbing pain in back. Etflexor does nothing. @ one time I had sense of well being from med. Now, I feel NOTHING, which is strange due to elevated NorEp & Serotonin should at least be physically felt. I've had head, neck, & back trauma, I fell down a flight of stairs 3 times at Estelle, fell off the top bunk 1 time and out the stairs of bus at Estelle.

Because of the inconsistencies of Suther, MD notes and Injury Reports and prior surgeries as well as this mystery doctor that never met me, but billed TDCJ I requested a 2<sup>nd</sup> Opinion from another consultant. Please provide. Also, Physical Exam by Dr. Weiss on 9-10-18 clearly stated ⑧ p.m in foot not related to foot thru I-128 Front (Revised 11-2010) YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM (OVER)

If worsened, would send to neuro. Well Dr Webb left, no one picks up the ball and I'm worse,

Offender Signature:

Date: 6-19-18

Grievance Response:

A review of the Step 1 medical grievance has been completed regarding your complaint to have a second opinion regarding a neurology visit to an off-site consultant.

An appellate review of your medical grievance and clinical records show on 04/12/2018, you were evaluated in the Texas Department of Criminal Justice Neurology Clinic for your complaints of shaking and numbness. The assessment from this visit indicated your previous clinic evaluation was suspicious for malingering behavior, as the episode seen on telemedicine screen on standing up seemed to be exaggerated and unlikely to have neurological basis. The electromyography/nerve conduction velocity (EMG/NCV) electro diagnostic tests, which measure the electrical activity of the muscles and nerves, was negative and no further imaging studies were required. It was also noted you were refusing seizure and neuropathy medications. Documentation in your clinical records reflects you have been evaluated a second time for your complaint. Orders written by the doctors at Hospital Galveston are recommendations, the final clinical treatment decisions are made by the unit providers in accordance with Correctional Managed Care Policies and TDCJ Policies and Directives.

You are encouraged to work with the unit providers to ensure the best possible treatment for your health care needs. If you feel your situation requires further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date:

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature:

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



Texas Department of Criminal Justice

w/2018091740

# STEP 1

## OFFENDER GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055269Unit: Stiles Housing Assignment: 19 W 2 1Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Due: \_\_\_\_\_

Grievance Code: \_\_\_\_\_

Investigator ID #: \_\_\_\_\_

Extension Date: \_\_\_\_\_

Date Retd to Offender: \_\_\_\_\_

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? PA Lastrap via DAS When? 2-13-18

What was their response? Only allowed to use HG as consultant, no 2nd opinion allowed @ AG

What action was taken? Write Grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I requested 2<sup>nd</sup> opinion evaluation from another neurological consultant.  
Statements made by OPS/PLP effect do my right, by policy to receive a 2<sup>nd</sup>  
opinion. Ref grievance # 20151494249, # 2015154976, # 2016033169 FEB 23 2018

FEB 13 2018

FEB 23 2018

FEB 23

FEB 23 2018

Action Requested to resolve your Complaint:

To be provided a second opinion.

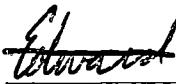
Offender Signature:



Date: 2/13/18

Grievance Response:

Signature Authority:



Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # 2018091740 Pending
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: M. Christen / M. Christen

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: Edward J. Christen

I-127 Back (Revised 11-2010)

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: <u>MC</u>
Grievance #:	<u>2018091763</u>
Screening Criteria Used:	<u>09, 699</u>
Date Recd from Offender:	<u>2-23-18</u>
Date Returned to Offender:	<u>2-23-18</u>
<u>2nd Submission</u>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<u>3rd Submission</u>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



## Texas Department of Criminal Justice

W/2018091740

STEP 1  
OFFENDER  
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 10255269  
 Unit: Stiles Housing Assignment: 19W2  
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Due: \_\_\_\_\_

Grievance Code: \_\_\_\_\_

Investigator ID #: \_\_\_\_\_

Extension Date: \_\_\_\_\_

Date Retd to Offender: \_\_\_\_\_

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? PA Lastrap - DMS appt When? 2-13-18  
 What was their response? Would not refer me back to provider, even though she could not provide evaluation.  
 What action was taken? Write this grievance,

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I request evaluation regarding excessive diarrhea via SCR. I've already been diagnosed with functional diarrhea via GI clinic @ HG. During the evaluation, I requested additional toilet paper every week, one roll is not enough. Lastrap informed me that only the unit could make that assessment, and I needed the unit provider to evaluate me. I requested a referral back to the unit provider due to her inability to provide a full evaluation. Regarding my SCR, Lastrap refused to do so. FEB 23 2018

I put in a SCR, see an offsite consultant via DMS, and am not only refused healthcare <A-2-1>, but am refused a referral to someone that can provide healthcare <A-2-1>. FEB 23 2018

FEB 23 2018

FEB 23 2018

FEB 23 2018

Action Requested to resolve your Complaint.

To be provided healthcare (A-2.1) and be properly evaluated by a provider that may render a decision and provide a treatment plan via documented care delivery methods.

Offender Signature: JL P

Date: 2-23-18

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # 2018091740 pending
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: M. Chretien / M. Chretien

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: Edward D. L. SPM

I-127 Back (Revised 11-2010)

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: <u>MC</u>
Grievance #:	<u>2018091770</u>
Screening Criteria Used:	<u>OG, 1099</u>
Date Recd from Offender:	<u>2-23-18</u>
Date Returned to Offender:	<u>2-23-18</u>
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

## Texas Department of Criminal Justice



## STEP 1

OFFENDER  
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055269  
 Unit: Stiles Housing Assignment: 19182 ✓  
 Unit where incident occurred: Stiles

## OFFICE USE ONLY

Grievance #: 2018107134

Date Received: MAR 26 2018

Date Due: 5/10/18

Grievance Code: 6018

Investigator ID #: \_\_\_\_\_

Extension Date: \_\_\_\_\_

Date Retd to Offender: JUN 25 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dr. K. Suthar

When? 1-2-18

What was their response? Prescribed two meds Gabapentin and Kefta.

What action was taken? Writing this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

My grievance is simple. I saw neuro @ HG because Stiles MAR 26 2018

Unit has no person trained in this field. During the app MAR 26 2018

I met w Dr. Suthar, the Faculty member. He told me that MAR 26 2018

I needed Kefta and Gabapentin to help stop muscle spasms - MAR 26 2018

The idiots employed here @ Stiles Unit infirmary have decided MAR 26 2018

that they are Neuro specialists and only decided to order MAR 26 2018

The doctor here, I don't have any rights. A specialist here at MAR 26 2018

Stiles changed the treatment plan, and said screw the patient, No body MAR 26 2018

at the Stiles unit infirmary has to discuss the treatment plan with MAR 26 2018

the patient, has to tell the patient what is wrong with him, or why he MAR 26 2018

spent two days @ HG, or why HG ordered the meds and got the non formulary med (Gabapentin) approved, only for the Stiles unit staff to refuse

to provide the pills, I went to H-9 at 1A-18 returning 1-3-18  
 at 6:09am. NP Emma Glens ordered Kefta (Levetiracetam) at  
 6:48am. I was not a participant nor was I notified in the treatment  
 plan or process. MAR 26 2018  
 MAR 26 2018

Unti) I've had this new treatment plan explained to me,  
 I refuse to participate in STMS Unit Bullshit guessby game.

MAR 26 2018

See you in court soon : ) MAR 26 2018

Action Requested to resolve your Complaint.

Be provided medical care as defined by  
 Texas Med Regd and A-2.1, a Licensed Medical Doctor.

Offender Signature: John N. Dillay

Date: 1-7-18

Grievance Response:

In reviewing your medical record, you were seen by Hospital Galveston neurology on 4/12/18 and it is noted in your medical record that you are refusing seizure medication and medication for neuropathy (gabapentin). There were no medication changes for this visit. Medical providers deem what is necessary at the time of the visit. Your grievance is unsubstantiated.

Signature Authority: Edward DeLone

Date: 6-22-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made:

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

JUL 25 2018



## Texas Department of Criminal Justice

**STEP 2                    OFFENDER  
GRIEVANCE FORM**

Offender Name: John H. Miller TDCJ # 1055369  
 Unit: Stiles P1 Housing Assignment: 19612-A4-A4  
 Unit where incident occurred: Stiles

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018104134</u>
UGI Recd Date:	<u>JUN 27 2018</u>
HQ Recd Date:	<u>JUN 28 2018</u>
Date Due:	<u>8/11/2018</u>
Grievance Code:	<u>618</u>
Investigator ID#:	<u>10352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Respondent Edward Delone clearly cut and paste the notes from Herald Hasan MD - ~~MD~~ in which I visited with him for only 3-5 minutes, in which I attempted to stand. My legs shake violently. I told him I had side effects from Keppra and never received Gabapentin. What I possess is the orig SCR from 1-5-18 which I spoke to NSC about side effect which was extreme aching pain in back down to back of legs I was scheduled for Glenn, On 1-17-18 Glenn a no show, I was never rescheduled I submitted SCR 1-15-18, 1-16-18, 1-17-18, 1-18-18, 1-23-18. ~~and~~ I saw Nurse Overstreet on 1-19-18 about problems with Keppra. Still waiting for provider (MD) as NO MD reports to work @ Stiles. I was told I had an apt for 1-23-18, but was never notified via lay-in or call out. I submitted another SCR on 1-21-18, 1-28-18 twice, lots of SCR, two NSC, I finally saw VP-Tamia Glenn and she refused to provide a substitute for the Keppra. There is like 5-6 formulary seizure meds to choose from. No care provided, I requested for a dialogue to be opened with MD, memo to request a substitute. She refused, citing time constraints. She then told me I need said I was parking. Well then run a wheelchair committee and make this the personal diagnosis, She refused. Now MD writes I refuse to uphold patient responsibilities. But what! Prescribe a sub-for Keppra, and monitor, I'll try it prescribe the Gabapentin & try it. Provide continuity of care, not make me submit 10+ SCR

To see a better IP Glenn that refuses to provide care. Also, I am also growing the refusal to ~~only~~ provide diagnostic services. I didn't have the symptoms until June, became unable to stand since Nov 1 2018. Instead of throwing pills at me, why not another, more thorough EMG, MRI, CAT-SCAN something!

Offender Signature: *John P. Dilley*

Date: *6/25/18*

Grievance Response

A review of the medical grievance and documentation has been completed regarding your complaint on 4.12.18. You are requesting to see medical doctor. To remedy this, you are requesting all treatment changes to medication be discussed with you.

According to your medical documentation, there has been no change in medications or to your treatment plan from neurology in Hospital Galveston.

Documentation in your medical records indicates you have been afforded the access to proper medical care in accordance to Corrections! Managed Health Care (CMHC) policy E.37.1. If you feel your situation has changed to warrant further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: \_\_\_\_\_

Date: *7/16/18*

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted.\*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<b>Initial Submission</b>	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	
<b>2<sup>nd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	
<b>3<sup>rd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	

To: Medical Director

Sunday

1-28-18

From: John H. Gilley

You are scheduled to see a

1055269

RECEIVED

19W2

JAN 29 2018

Lmidkiff, RN

1/29/18

By HSM DG I'm demanding a second opinion at  
HG Neuro outpatient clinic. Dr Suthar - the head refused  
to perform any diagnostic procedures to diagnose the severe  
muscle spasms and uncontrolled muscle movements. Since he  
runs the clinic, I'm depending on the Unit Provider to provide  
Access to Diagnostic Services (D29.1) through alternative Consultant.

(22)

JUL 25 2018



## Texas Department of Criminal Justice

# STEP 2                    OFFENDER GRIEVANCE FORM

Offender Name: John D. Dally TDCJ # 1055269  
 Unit: Stiles PT/HG Housing Assignment: 19W12  
 Unit where incident occurred: Stiles

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018092064</u>
UGI Recd Date:	<u>JUN 22 2018</u>
HQ Recd Date:	<u>JUN 26 2018</u>
Date Due:	<u>08-06-2018</u>
Grievance Code:	<u>613</u>
Investigator ID #:	<u>10352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

TDCJ staff did not intervene and review the C.C.T.V. footage to stop the practice of falsifying medical records by UTM3-CMC staff. There is no security log book recording the arrival and departure of offenders. When an offender arrives at the infirmary, lay-ins are collected and placed in a bin on a desk. Common practice is if a M.L.P is unable to see you for the scheduled appt, instead of rescheduling, it is easier to mark you a no-show.

In this case review of footage would have verified where I was on 12-18-17 because if I wasn't at the clinic I was OUT OF PLACE. I also went through one count in the morning.

I have other grievances that I've submitted regarding this issue because of the improper handling of SCR and the fact that many times I have to wait twenty to thirty days to see a provider. To do this, falsifying records is occurring.

And whether I've seen multiple providers since then is irrelevant since I've had to submit more SCR to make this happen.

Any record kept for an offender is governed by Penal Code 37.09. I was there at clinic as recorded by CCTV. Staff is refusing to use video cameras to hold these nurses accountable for



what they do. C.O.'s are prosecuted when they are caught breaking the law or violating the P.D-22. Medical Personal should be under the same scrutiny. This is not a simple CMHC policy violation where my appointment wasn't rescheduled. A log was recorded in the EMR by a medical professional contracted by a State agency, because of sloppiness. Please hold the responsible party accountable, I am sure the taxpayer would be thankful.

Offender Signature:

*John H. Gilley*

Date: 6-20-18

## Grievance Response:

A review of the Step 1 medical grievance has been completed regarding your report you were denied proper medical care and access to a provider on 12-18-2017.

According to the documentation, the appellate review of the medical grievance supports the response provided at the Step 1 level. There is no documentation to dispute the medical departments account you were a no show for your medical encounter on 12-18-2017. There is documentation to show you have received proper medical care, both before and after the date in question.

Should you feel your medical concerns require further evaluation, you may submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date: 10/29/18

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
2 <sup>nd</sup> Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
3 <sup>rd</sup> Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	



## Texas Department of Criminal Justice

OFFENDER  
STEP 1 GRIEVANCE FORM

Offender Name: John H Gillry TDCJ # 1055269  
 Unit: Stiles Housing Assignment: 19 W 2  
 Unit where incident occurred: Stiles

OFFICE USE ONLY	
Grievance #:	<u>2018091697</u>
Date Received:	<u>2-23-18</u>
Date Due:	<u>4-9-18</u>
Grievance Code:	<u>608</u>
Investigator ID #:	<u>I2487</u>
Extension Date:	<u>JUN 06 2018</u>
Date Retd to Offender:	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Nicole Nursing Bollange, RN informal resolution When? 2-6-18

What was their response? Said she refused to believe the Nurses would do this.

What action was taken? Writing Formal Complaint

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

- 1) On 1-22-18, Monday, I went to medical appt at ER.
- 2) When I came back at 3:30 pm, I spoke to Asst Practice Manager Williams about the refusal of nurses to schedule assessment by MCP after 1-22-18 HG Neuro Appt in which I put in SCR on 1-3-18, rec'd 1-5-18, NSC on 1-6-18, appt set for 1-11-18, but APRN a NO SHOW. He told me to send a SCR addressed to the Dir of Nursing so that she would know. ~~no~~ Midkiff RN intercepted and responded I was scheduled for an eval on 1-23-18. SCR was stamped received 1-23-18, I could not have received this SCR until 1-24-18. FEB 23 2018
- 3) When an offender leaves a unit, all printed lay-ins are cancelled. This appointment was scheduled on 1-20-18. When I left the unit on Monday morning, before 7:30 AM, the lay-in would not have been printed, as I was not assigned to unit. The nursing staff understands these nuances.
- 4) For me to be able to know an appointment existed, the chain nurse should have notified me, and given me a return to clinic pass card. The ROSC subsystem would not have been able to generate a lay-in -- it was too late. This did not happen. FEB 23 2018
- 5) For RN Midkiff to clearly process SCR, put in box around 4:00 pm on 1-22-18, before scheduled appt on 1-23-18, she knew I should have been called out. FEB 23 2018

This is a continuation of PRN Midkiff's past use of PEARL EMR/PRS and government documents to paint a picture, a fictitious picture of noncompliance by the patient to adhere to state patient responsibilities. When in fact, RN Midkiff uses a I-60 to clearly state I missed my appointment with Provider on 1-23-19. Appt not resched.

When in fact on 1/22/18 upon arrival to unit K, chainpurse should have spotted that an appt sched on Sat, 1/20/18 for 1/23/18 I would need a return to clinic pass because layins had already been printed in the countroom before my returning

FEB 23 2018

This never happened. This falsifying government documents, and entering fictitious data into PEHRL EMR/PRS has been going on since I've gotten here. When will it stop? This is like my fifth grievance, maybe more, about this issue, and Midkiff RN always signs the government documents.

FEB 23 2018

Action Requested to resolve your Complaint.

Stop the criminal activity, and change the culture of Infirmy to one of responsible health care provisioning

Offender Signature:

Date: 2-8-18

Grievance Response:

Your medical record reflects you were transported to the Estelle Unit on 1/22/18 for an optometry appointment, but the appointment was cancelled after you became belligerent and started cursing security officers in B-wing hallway at Estelle. Your medical record further indicates you were seen by E. Glen, NP at 0854 on 1/30/18 and the same day you were seen by S. Smock, FNP at 13:40 hours. Your medical record reflects your medical issues are being addressed and care provided. Your grievance allegation is unsubstantiated.

R

Signature Authority:

Date:

6-5-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

#### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

JUL 25 2018



## Texas Department of Criminal Justice

**STEP 2                    OFFENDER  
GRIEVANCE FORM**
Offender Name: John D Gilley TDCJ # 1055269Unit: Stiles PXAG Housing Assignment: 19 W2A424Unit where incident occurred: Stiles

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018 09/16/97</u>
UGI Recd Date:	<u>JUN 22 2018</u>
HQ Recd Date:	<u>JUN 26 2018</u>
Date Due:	<u>08-06-2018</u>
Grievance Code:	<u>1008</u>
Investigator ID #:	<u>10352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because...*

*whatever occurred at Estelle is irrelevant to the issue, that I'm grieving. Period. I was seen on 1-30-18 by Glenn and S mode because of several more SCR submitted by me. I had been ~~to~~ submitting SCR since 1-3-18.*

*The issue I grieved was the nursing staff falsifying medical records/government documents, not following several CMTC policies, i.e. - E-37.1, E-37.3, E-42.1, E-42.2 E-32.1*

*I stated the condensed history of nursing staff failing to do their job - proper reschedule when Glenn & no show on 1-11-18. My attempt to use policy A-12.1 to attempt an informal resolution with Dir of Nursing which was intercepted and answered by R.T. Miller. There was no Chair nurse on 1-22-18 that met me. That is ~~why~~ part of the reason I never knew of 1-23-18 appt. Yet I was marked a no show. By the way, I was marked a No Show for 1-11-18, even though I showed up, review CCTV footage, and no reschedule occurred. I had to submit another SCR, which I was never notified of 1-23-18 appointment and again marked a no show. Both entries of no show are lies recorded into EMR/PRS by nursing staff, by falsifying records*

*not doing job I'm being denied medical care according to contract TMB policies.*

In your Step 1 medical grievance, you stated you were denied access to medical care on 01/22/2018. You are requesting to have this appointment rescheduled.

Review of the health record reveals documentation to support the response at Step 1. Though you and your healthcare providers may differ in opinion regarding your needs and the medical treatment rendered, these decisions are ultimately the responsibility of the facility providers. Documentation in the medical record indicates you have been afforded access to proper medical care in accordance with Offender Managed Health Care Policy E-37.1. While you have the right to refuse medical treatment in accordance with Correctional Managed Health Care Policy I-71.1, such refusals can limit the provider's ability to treat you for your medical complaint and may affect your Grievance Response.

You are advised to submit a Sick Call Request if you feel your condition has changed to warrant further evaluation.

Signature Authority:

Date:

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Initial Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	
2 <sup>nd</sup> Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	
3 <sup>rd</sup> Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	

Sept 4, 2018

D-2

From: John H. Grilley 1053264  
424

I spoke to you last month regarding the MRI & walking committee. I expected to be layed in for today to discuss the outcome of your discussion w/ Abieng PhD. This didn't happen ??

I've also received no response to my previous I-60, I'm unable to get under the bed as well as other areas of my cubicle. I need a reacher to be able to retrieve items I regularly drop due to constant spasms. I also need a big seat cushion.<sup>q110 b. M. 2018 duration</sup> I need to discuss an egg crate mattress with Abieng <sup>2018 PhD</sup> due to the constant bending/bucking/spasms in my back, legs, neck.

Scheduled PDC Consulted w/ M. Grilley

SEP 7 AM 12:30

39

I regularly spill drinks on me due to muscle spasms. I'm in need of a sippy cup, especially on this unit a big mouth bottle is contraband.



**Texas Department of Criminal Justice**  
**OFFENDER**  
**STEP 1 GRIEVANCE FORM**

Offender Name: John Henry Gilley TDCJ # 105526A  
 Unit: Stiles Housing Assignment: 19W248H  
 Unit where incident occurred: Hospital Galveston

OFFICE USE ONLY	
Grievance #:	<u>8018117846</u>
Date Received:	<u>APR 16 2018</u>
Date Due:	<u>05/31/18</u>
Grievance Code:	<u>437</u>
Investigator ID #:	<u>9383</u>
Extension Date:	<u>07-15-18</u>
Date Retd to Offender:	<u>SEP 1-1 2018</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Nurse Nora, LVN When? 4-5-18

What was their response? sent me to Dr. Aborns (don't remember Dr name due to seizure)

What action was taken? Filing this complaint.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I spoke to LVN Nora upon arrival to UTMB outpatient ortho-foot clinic. I described the severe problems I was experiencing due to the right and left Achilles debridement. When I try to stand, I experience uncontrollable muscle movements, convulsions, gasping for air. It got so bad in Jan 31 2018, I went into convulsions for two hours, which PD staff could have provided to the clinic to facilitate my treatment. APR 1-6 2018

In Jan 2017 I came to a routine pulmonary appt at Hospital Galveston and spoke to LVN Nora. I explained I needed to see ortho foot due to problems I had been having during my rehabilitation. I've been trying to get another appointment through the Stiles Unit Clinic. I had to put in a SPR to the AIDS designee, Dr. Aborns, over on Jester III. When I met with Dr. Aborns for a physical therapy assessment (PMR), I asked for a walking committee, C-59,1 Attachment A, to get the licensed medical doctors of UTMB/UTMB-CMC to assess my condition, provide treatment plan, diagnosis. APR 16 2018

The doctor that LVN Nora sent me to see asked me what my problem was. I told him the above symptoms. He asked were fast and I went into convulsions. When it subsided, he told me I was having neurological seizures. He told me to work with Neurology. I told him I never had this before until I had the foot surgeries. In fact, it was after the right foot surgery. Now I can't walk after they provided treatment. His response was that he saw no infection, and my foot moved. Then he stated that I was released to put as much pressure on my foot as I could stand. No diagnostic procedures were performed to substantiate this assessment. APR 16 2018

In light of my lack of ability to even stand up, I was surprised at the hand off. Maybe something was done on accident, crossing a nerve.

I'm a healthy man otherwise, with no history of any type of seizures. I have two years left on a 20 year sentence for murder. I work in the Data Comms field and need my legs to work. I believe that I've been caught up in a living cadaver program that allows UTMB to be paid industry standard wages to educate students by the Texas Government and through the unit suffering of TDCJ offenders by unknowingly consenting to surgical procedures they may not even need, or agreeing because the offenders have been denied care until they are at the most serious level of need of treatment and agree to anything.

APR 16 2018

Action Requested to resolve your Complaint:

Be provided an opinion by a different licensed medical specialist not affiliated with TDCJ, UTMB/UTMB-CMC or the CMAC Contract.

Offender Signature: John H. Gilley

Date: 4-13-18

Grievance Response:

- Offender Gilley, review of your medical records reveals that you have been seen on numerous occasions by different providers. Clinical decisions are based on the professional judgment of the provider rendering care as well as clinical examination of the patient. You currently have upcoming specialty clinic appointments with Neuro, GI, and OT. Should you have any issues that need to be addressed, please submit a SCR at your unit of assignment and you will be scheduled accordingly. No further action warranted at this time.

Date: 8/29/18

Signature Authority:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



Texas Department of Criminal Justice  
**STEP 2**  
 OCT 19 2018  
**OFFENDER  
GRIEVANCE FORM**

Offender Name: John H. Gilley TDCJ # Y0552109  
 Unit: Pccx 1 Housing Assignment: 424 2-24  
 Unit where incident occurred: Hospital Galveston.

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018117040</u>
UGI Recd Date:	<u>SEP 25 2018</u>
HQ Recd Date:	<u>OCT 01 2018</u>
Date Due:	<u>10/10/18</u>
Grievance Code:	<u>637</u>
Investigator ID#:	<u>I0352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

*Respondent is quite clear, I've been seen numerous times. I've not been treated. I still languish in a wheelchair, with no treatment plan - and a stone wall for any medications that might help. There is no continuity of care, nor any attempt to provide the necessary medical care needed for me to walk again.*

*I can list the many, many times I seen a provider, only to receive a bag of NON ASPIRIN. I still don't know how I got into this mess other than receiving medical care from UTMB Health CMC.*

*The upcoming Neuro appt. ~ I'm still unable to receive substitutes for the Keppra & Gabapentin. Its Sept. I've seen more nurses and one doctor, and nothing there,*

*The GT clinic ~ what a farce. If Luthra, MD had the common sense to perform a biopsy in Oct '15, I would know I have a bacteria residing in my intestines instead of GERD. Three years of Omeprazole & Ranitidine, which really don't work. No other treatment provided nor am I given the education to handle this permanent bacteria issue. I'm being kept blind.*

*OT. Well, well... I'm finally getting a W/C cushion. After the all day muscle spasms and my back staying clenched, you*

would think I'd qualify for an egg crate mattress. I can't get on the floor, a teacher is needed. I spill food and drink daily, I asked for a supply cap. I get nothing. Seeing me is not treating me. My condition has only been on a downward slide since I got sick in May of 2017.

Offender Signature:

*John W. Dillier*

Date: 9-24-18

Grievance Response:

A review of your medical grievance and documentation has been completed regarding your complaint of needing to see an outside neurologist for evaluation of your constant convulsions and inability to walk well.

You have been afforded many evaluations from unit providers and physicians over the past couple years. You also have seen a Neurologist in Hospital Galveston and will continue to have referral appointments there with occupational therapy. You have been afforded many tests and medications to correct this problem. According to policy E.44.2, you are afforded an appointment with a specialist at your own expense.

These issues have been recently addressed in medical grievances 2018091669 and 201809166. No further action is warranted at this time through the medical grievance process.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date: 10/4/18

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission CGO Initials: \_\_\_\_\_

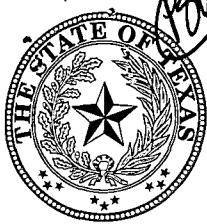
Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

## STEP 1

OFFENDER  
GRIEVANCE FORMOffender Name: John W Gilley TDCJ # 1055269Unit: Pack 1 Housing Assignment: A2-26Unit where incident occurred: Pack 1

OFFICE USE ONLY	
Grievance #:	<u>209028222</u>
Date Received:	<u>OCT 30 2018</u>
Date Due:	<u>12-14-18</u>
Grievance Code:	<u>104</u>
Investigator ID #:	<u>204</u>
Extension Date:	
Date Retd to Offender: <u>NOV 13 2018</u>	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NP-~~Chukwumerije~~ Chukwumerije When? 22 Oct 2018

What was their response? Asked me to leave

What action was taken? Document refusal E-B-F-1 through grievance process. When? OCT 21 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

OCT 24 2018 MLP Chukwumerije refused to address several issues I clearly stated on SCR - request for 2<sup>nd</sup> EMG/NCV on Nerves from back to arms to hands, I also requested another EMG/NCV from back to legs - increased pain; touch causes back spasms by touching quadriceps. (top of leg) OCT 24 2018

10/1/2018 Resubmitting this grievance is regarding 1<sup>st</sup> EMG/NCV. 2<sup>nd</sup> Opinion as symptoms

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

## PART A: (To be completed by offender)

Offender's Name: Gilley John Henry

Work Assignment: \_\_\_\_\_

Wing No: 19 WZ School Hours: \_\_\_\_\_Service needed:  Medical  Dental  Mental Health  Other:Reason for Health Services Appointment: I need to see a provider. I saw NSC on 1/1, was lay into see them on 1/11, but then saw another NSC on 1/11

How long have you had this problem? Hours: \_\_\_\_\_ Days: \_\_\_\_\_

To Bellanger  
Nursing Manager

Date: 1-22-18TDCJ No.: 1055269

Work Hours: \_\_\_\_\_

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

RECEIVED  
JAN 23 2018

Signature of Offender

BY: \_\_\_\_\_

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: You are scheduled for evaluation 1/23/18

OCT 24 2018

OCT 24 2018

OCT 24 2018

Action Requested to resolve your Complaint.

Address all complaints on SCR, not what providers  
feels like.

Offender Signature: John H. Gilley

OCT 24 2018

Date: 24 Oct 2018

Grievance Response:

OCT 24 2018

Offender Gilley,,

You were seen on 10/22/18 complaining of low back pain, jerky movements, and numbness in legs. The provider reviewed your neurology note with you, and prescribed you Divalproex 250mg. No further action warranted.

Signature Authority: K. Stoker

Date: 10/11/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*only 1 submission for every 7 days OCT 24 2018
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # 2019025352 OCT 24 2018
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: W.H. Gilley

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

OFFICE USE ONLY		OCT 24 2018
Initial Submission	UGI Initials:	<u>GH</u>
Grievance #:	<u>2019025357</u>	
Screening Criteria Used:	<u>699(02)(09)</u>	
Date Recd from Offender:	<u>OCT 24 2018</u>	
Date Returned to Offender:	<u>OCT 24 2018</u>	
<u>2<sup>nd</sup> Submission</u>	UGI Initials:	<u> </u>
Grievance #:	<u> </u>	
Screening Criteria Used:	<u> </u>	
Date Recd from Offender:	<u> </u>	
Date Returned to Offender:	<u> </u>	
<u>3<sup>rd</sup> Submission</u>	UGI Initials:	<u> </u>
Grievance #:	<u> </u>	
Screening Criteria Used:	<u> </u>	
Date Recd from Offender:	<u> </u>	
Date Returned to Offender:	<u> </u>	



## STEP 1

OFFENDER  
GRIEVANCE FORM

Offender Name: John W Hillyer TDCJ # 10455269  
Unit: Pack 1 Housing Assignment: X-2-26  
Unit where incident occurred: Pack 1

OFFICE USE ONLY	
Grievance #:	<u>209078222</u>
Date Received:	<u>OCT 30 2010</u>
Date Due:	<u>12-14-10</u>
Grievance Code:	<u>104P</u>
Investigator ID #:	<u>26047</u>
Extension Date:	
Date Retd to Offender:	<u>NOV 13 2010</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.  
Who did you talk to (name, title)? NP - Correctional Officer Chukwumerije When? 22 Oct 2010  
What was their response? Asked me to leave  
What action was taken? Document (refusal) E3 F3 through grievance process. ECT 24 2010

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate  
OCT 24 2010

OCT 24 2010  
MLP Chukwumerije refused to address several issues I clearly stated on SCR - request for 2<sup>nd</sup> EMG/NCV on Nerves from back to arms to hands. I also requested another EMG/NCV from back to legs - increased pain; touch causes back spasms by touching quadriceps. (top of leg) OCT 24 2010

OCT 24 2010  
Resubmit<sup>①</sup>; This grievance is regarding 1<sup>st</sup> EMG/NCV 2<sup>nd</sup> Opinion as symptoms are worse, and my right by policy/past statements by CPS, I've filled no prior grievance out about this Nerve test.

OCT 24 2010  
② You should read the entire line;  
Submission in excess of 1<sup>st</sup> every seven days with the exception of disciplinary appeals, medical grievances, and emergency grievances. This is GOM Appendix B

OCT 24 2010

OCT 24 2010

OCT 24 2010

Offender Signature:



Date: 11/26/18

Grievance Response:

A review of the medical grievance and documentation has been completed regarding your complaint your medical issues are not being addressed by the unit provider. To remedy this, you are requesting for all of your medical complaints to be addressed.

An appellate review of the medical grievance and clinical record indicates the response at Step 1 is appropriate. Upon review of your electronic health records, documentation from 10/22/2018 notes EMG/NCV was negative and no further studies are required. You refused seizure and neuropathy medications along with refusing Tegretol, Keppra, Cymbalta, and Effexor, and wanting to try something else for back pains. The provider prescribed divalproex for thirty days. Furthermore, all of your sick call requests (SCR) have been answered or responded to as per policy requirements. Please remember it is up to the provider as to whether you need further evaluation at the time of the medical visit. No care has been denied or delayed as you have received adequate medical attention for your issues.

Documentation indicates since the time the Step 1 medical grievance was answered, you have continued to be seen in accordance with Correctional Managed Health Care Policy E-37.1. If you feel your situation has changed to warrant further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date: 12/4/18

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted.\*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature:

**OFFICE USE ONLY**

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## HEALTH SERVICES DIVISION

## SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: John H. Gilley

Date: 1/18/18

TDCJ No.: 1055269

Work Assignment: N/A

Work Hours:

Wing No: 19 W2

School Hours:

Service needed:  Medical  Dental  Mental Health  Other:Reason for Health Services Appointment: Neuro eval & new treatment plan since change  
sinusitis eval & new treatment plan since med changed

How long have you had this problem?

Hours: Neuro - 1-2-18 Days: 16 days > waiting for  
sinusitis - 12-16-18 33 days multiple SCR to be responded to.

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

RECEIVED  
JAN 19 2018

Signature of Offender

BY:

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: 1/19/18 AS ON Sick call dated 1/17/18 - Scheduling

Medical Staff Member's Signature

HSA - 9 (Rev. 2/12)

NSE Queen Nurse + Request to Recall  
on 1-20-18 Date (35)

## DEPARTAMENTO DE JUSTICIA CRIMINAL DE TEXAS

## DIVISION DE SERVICIOS MEDICOS

## PETICION PARA TRATAMIENTO MEDICO

**PARTE A:** (Completado por ofensor)

Fecha: \_\_\_\_\_

Nombre de ofensor: \_\_\_\_\_

Numero de TDCJ.: \_\_\_\_\_

Trabajo: \_\_\_\_\_

Horas de trabajo: \_\_\_\_\_

Ala del edificio: \_\_\_\_\_ Horas de escuela: \_\_\_\_\_

Servicios necesitados:  Medico  Dental  Salud Mental  Otro: \_\_\_\_\_

Razon para tratamiento de servicio de salud: \_\_\_\_\_

Cuanto tiempo tiene con este problema? Horas: \_\_\_\_\_ Dias: \_\_\_\_\_

***"De acuerdo con la ley estatal, si esta visita encuentra al delincuente criterios de honorarios de servicios de asistencia médica anuales, entiendo que mi cuenta de fondo fiduciario puede ser cobrada unos honorarios de 100 dólares. También entiendo que me proporcionarán acceso a servicios de asistencia médica sin tener en cuenta mi capacidad de pagar estos honorarios."***


  
**Firma del Ofensor**
**Parte B:** (Completado por personal medico – No escriba debajo de esta linea.)

Respuesta Medica: \_\_\_\_\_

Firma del Miembro de Empleados Medicos  
HSA – 9 (Rev. 2/12)

Fecha



## STEP 1

OFFENDER  
GRIEVANCE FORM

Offender Name: John Henry Wilby TDCJ # 1055269  
 Unit: Pack 1 Housing Assignment: 2-26  
 Unit where incident occurred: Pack 1

OFFICE USE ONLY

Grievance #: 2019025352  
 Date Received: 07/21/2019  
 Date Due: 12-08-18  
 Grievance Code: 602  
 Investigator ID #: 2047  
 Extension Date:  
 Date Retd to Offender: NOV 15 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NP Chukwumerije When? Mon 22 Oct 2018

What was their response? I'm medication shopping.

What action was taken? Writing this complaint, documenting refusal to provide effective treatment.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Chukwumerije clearly showed deliberate indifference to my medical needs ie. treating symptoms that keep me in a WheelChair. Chukwumerije intentionally submitted a sick call on 10/19/18 requesting to be seen by provider regarding nerve issues. The provider provided no medical remedy, instead assessed your issue. The provider noted jerky movements to your upper body, and prescribed you Lyrica approx 250mg. If your about worsens submit back with no further action warranted. Disregarded for my serious medical need, by ordering me out of office.

Kolt Parker, Mistrace Manager submitted 18 Oct 2018 regarding need for treatment for Neuro symptoms. She stated I had been refusing Keppra and Gabapentin. (Her statement is incorrect and I have documentation to prove otherwise). I asked for substitutes due to side effects of Keppra & 1<sup>st</sup> sub leg rest. I also asked for substitute for gabapentin. On this, the pharmacy recommended Primidone. She refused to follow Pharmacy recommendation (formulary agent) I asked for treatment, I was willing to take recommended Neuro meds. My situation is bad. My back hurts @ a 10 and the spasms are whipping my head back and forth. The shooting pain from my back down my legs and down my arms. She refused to provide recommend Neuro treatment, her choice by A-Z.1. Now, the wanton disregard for my medical condition is displayed when she offers - tegretol or depakote or effexor or symbalta — my choice.

I've been on the MH case load for eighteen years, I've had these drugs when I was physically healthy, and have documented side effects for these drugs (except Symbalta until recent). When

Case 4:18-cv-00779 Document 1-1 Filed on 03/04/19 in TXSD Page 75 of 102  
I asked the MLP to look at my past prescription dates and the listed reasons for being discontinued, she released - saying she didn't care. She never addressed my need to stop the severe muscle spasms ~ extreme spasticity of my back - documented by Neuro -. I don't have seizures, nor has anyone stated I do.

Action Requested to resolve your Complaint.

To have medical provide effective treatment of symptoms noted drug interactions, past drug use, reason for D/C and be aware of history in entirety.

Offender Signature: John M. Dally

Date: 24 Oct 2018

Grievance Response:

You submitted a sick call on 10/19/18 requesting to be seen by provider regarding nerve issues. The provider saw you on 10/22/18 reviewed your chart and assessed your issue. The provider noted jerky movements to your upper body, and prescribed you Divalproex 250mg. If your issue worsens submit a sick call, no further action warranted.

Kolton Stoker, Sr. Practice Manager

Signature Authority:

K Stoker

Date: 11/12/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



**Texas Department of Criminal Justice**  
**STEP 2 DEC 18 2016 OFFENDER**  
**GRIEVANCE FORM**

Offender Name: John H. Dillen TDCJ # 1855269  
 Unit: Pack 1 Housing Assignment: 2-24  
 Unit where incident occurred: Pack 1

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2019025352</u>
UGI Recd Date:	<u>11/27/18</u>
HQ Recd Date:	<u>NOV. 30 2018</u>
Date Due:	<u>11/11/19</u>
Grievance Code:	<u>102</u>
Investigator ID#:	<u>10352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

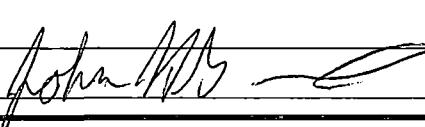
Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

During this medical visit MCP Chuchwumerije clearly was disinterested in providing effective care. Many of these psych meds, I've already taken while on the MR caseload, before I had any physical issues. The side effects didn't change.

And then she prescribed me a med I already had G I issues with (DDC), and was taken off of.

And when I clearly asked to take the recommended neuro med, she refused. When I asked to take the recommended meds by pharmacy, she refused.

Instead, she prescribed a med that would clearly cause additional symptoms to arise & seeking to harm me instead of provide effective medical treatment.

Offender Signature: 

Date: 11-26-18

**Grievance Response:**

A review of your medical grievance and documentation has been completed regarding your request for medical to provide treatment of muscle spasms and nerve issues.

According to the medical documentation, you have continued to be seen by medical providers and changes have been afforded to your medical treatment as requested. You were seen by Hospital Galveston Neurology and it was determined your condition was Myoclonus versus Hyperplexia. Assessment of telemedicine screen on standing up seems to be exaggerated and unlikely to have neurological basis. Your last EMG and nerve conduction studies have been negative. You were assessed by the unit provider on 10/24/2018, and will be referred back to neurology. Your medication has been changed back to Tegretol as requested. Your issues have previously been responded to in the offender grievance #2018117846. No further action is warranted at this time through the medical grievance process.

All policies and procedures have been followed. Documentation in the medical record indicates you have been afforded access to proper medical care in accordance with Correctional Managed Health Care Policy E.37.1. You are advised to submit a Sick Call Request if you feel your condition has changed and warrants further evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: \_\_\_\_\_

Date: 12/16/18

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted.\*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<b>Initial Submission</b>	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
<b>2<sup>nd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
<b>3<sup>rd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	



## STEP 1

OFFENDER  
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 1055269

Unit: Pack 1 Housing Assignment: 2-26

Unit where incident occurred: Pack

OFFICE USE ONLY	
Grievance #:	201907081
Date Received:	OCT 08 2018
Date Due:	11-08-18
Grievance Code:	004
Investigator ID #:	0515
Extension Date:	
Date Retd to Offender:	OCT 24 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? NP Lindsy When? 10-5-18

What was their response? Neuro still hasn't set appt, requesting info

What action was taken? Write this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I'm not being provided health care needed to control symptoms seen by Suther MD, Cheson, MD & the only two residents that evaluated me physically on 1-2-18. To treat symptoms Kepra 500mg 2x daily and Gabapentin 600mg 2x daily were placed on EMR/RRS screen due to severity of symptoms seen by MD @ HCG.

(1) Kepra caused severe side effects. I'm currently on Tegretol, its not relieving the spasticity in my back or adequately controlling the severe spasms. I was evaluated by Dr Henderson on Styles Unit. He clearly stated the Tegretol wasn't working, and prescribed diazepam. The Pharmacy deferred pending next Neuro appt.

(2) I've never been provided the ~~oppt~~ opportunity to take gabapentin. The Pharmacy denied request. When I submitted grievance # 2018091669 the response was that the formulary agent "Primidone" had not been tried, since I've exhausted ALL OTHER Formulary agents. The Provider does not agree with the Pharmacist, who has told me that they have submitted three separate requests for an appt (NP Lindsy).

Since 1-2-18 no care has been provided to arrest my symptoms. And on grievance # 2018091669 I was told by respondent I had an appt pending.

To restate issue, I'm not being provided effective healthcare to treat

~~visible symptoms by OTMIS Health~~**Action Requested to resolve your Complaint.**

*Provide necessary medical care to control symptoms, and have HG Neuro ~ Pharmacy ~ Provider provide this timely continuous care.*

**Offender Signature:** *John D. Gilley***Date:** *10-7-18***Grievance Response:**

Offender Gilley,

Clinical decisions are made by the provider rendering care after review of your medical history and complaint. You were seen on 10/5/18 for a medication change to Primidone, assessed for glasses, discuss EGD/biopsy results, and need chlophin and non-aspirin. The provider reviewed results with you, ordered visual acuity, and prescribed Acetaminophen, Chlorpheniramine, Proventil HFA Inhaler, and fiber lax. If your issues worsen, submit a sick call. No further action warranted.

**Signature Authority:***K. Stoller***Date:** *6/8/18*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

**UGI Printed Name/Signature:** \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

**Medical Signature Authority:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



## Texas Department of Criminal Justice

**STEP 1**      **OFFENDER  
GRIEVANCE FORM**
Offender Name: John H. Gilley TDCJ # 1055269Unit: Stiles Housing Assignment: 19W2Unit where incident occurred: Stiles**OFFICE USE ONLY**Grievance #: 2018091717Date Received: 2-23-18Date Due: 4-9-18Grievance Code: 001Investigator ID #: I2487Extension Date: JUN 06 2018

Date Retd to Offender:

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dir of Nursing RN Bellanger When? 2-23-18

What was their response? ABOUT R.N.Graner's refusal to have onsite MPP eval; go to Psych

What action was taken? Writing this formal Complaint

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 2-23-18, at 19W2, view LCTV footage, I had made three attempts to stand, since the day before APRN Glenn clearly told me nothing was wrong, I had Mental Health problems that kept me in a wheelchair. The first two attempts resulted in 10 to 20 seconds of spasms, muscle locking. On the third attempt, a 180 of 5:40 am resulted in severe spasms, clenching. I was picked up by RN Graner and someone else, I could NOT OPEN MY EYES until 7:45am. I was coherent the whole time. I felt that my back was going to break in two. I thought my left elbow would tear. I lost the tendon in my left pinky. FEB 23 2018

RN Graner refused to allow MLP Dunlop or Ceges to evaluate my condition.

RN Graner documented in her notes I had a Mental Health episode. She provided no details/recorded observations to substantiate her claim. FEB 23 2018

RN Graner documented in her notes I made several threats to staff. Security was not notified, nor was a Qualified Mental Health Representative notified so that an assessment could be made for possible needed Inpatient assessment.

Care delivery was comprised by an RN obviously seeking to harm me, prolong the treatment process, and ensure future pain and suffering.

I layed in a room clenched/spasming. When I was finished, I was shown the door. FEB 23 2018

*FEB 23 2018*

*FEB 23 2018*

FEB 23 2018

FEB 23 2018

FEB 23 2018

FEB 23 2018

Action Requested to resolve your Complaint:

To receive healthcare at 19 dorm, have ALL OCCUPATIONAL Codes Given by BON/TMB enforced, as is the law, and assess RN Granger's behavior under 39.03 TxR Code, 37.09 TxR Code

Offender Signature: John R. Don

Date: 2-8-18

Grievance Response:

C

Review of your medical record indicates Ms. Granger, LVN, did respond to 19 dorm and transported you by stretcher to the medical department for further evaluation. Ms. Granger's clinic note indicates you were conscious and alert on her arrival to 19 dorm and while transporting you. She noted on arrival to 10 building medical, you were upset and venting and you were frustrated you didn't have a proper diagnosis for your condition. Ms. Granger's note reflects you were making threatening comments to medical staff present. After Ms. Granger consulted with Ms. Glen NP, it was noted you may be referred to mental health if needed. Ms. Granger released you from the medical clinic after no further assistance was needed. Your grievance is unsubstantiated.

Signature Authority: Karen DeLuzio

Date: 6-5-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
2 <sup>nd</sup> Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 <sup>rd</sup> Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

JUL 25 2018



## Texas Department of Criminal Justice

**STEP 2****OFFENDER****GRIEVANCE FORM**

Offender Name:

John Henry Granger TDCJ # 1083269

Unit:

SHS (PT HG) Housing Assignment: 19 W 20 A 4-24

Unit where incident occurred: SHS

**OFFICE USE ONLY**

Grievance #: 2018D91717

UGI Recd Date: 06/21/18

HQ Recd Date: JUN 25 2018

Date Due: 8-5

Grievance Code: 601

Investigator ID#: 10352

Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

My request for TDCJ intervention and review of CCTV footage was ignored. LVN Granger's notes are incomplete, and her noted times would not be collaborated by CCTV footage. Medical staff has denied me the necessary medical care I need to walk by requesting CCTV footage and sending copy to PG-Neuro and AD5-Dr. Abrams. Again, Responder clearly avoids stated issue, and lies through omission in response. There was at least one onsite MLP. Why did LVN Granger call another Nurse at home? Where was an RN? Where were the noted obs to support "Mental Health Episode" put? I met with MR. Hamels, QMHR, and he laughed at her notes. Policy would not allow me to leave the clinic if I were making threats to staff, and I did have a diag made on 1-2-18, hyperekplexia. What was not discussed was the effort by medical personnel to get to the bottom of my health issues. Instead the lies are continuous and all I see and hear is to accept my condition. My condition is the result of the denial of necessary medical care. Who weren't the convulsions for over two hours not discussed? The whole dorm (19 bds in dorm) was awoken by the slamming my body was making. Two offenders were holding my legs down and I felt like my back was breaking in two. The footage would have been instrumental in deciding if I had done something serious in one of the multiple falls (down stairs) I had.

I've never made an issue about liability, just fix this issue so I can

go to work. Instead, I believe the fear of swift has created an environment where I see a provider, nothing is done, lies are recorded.

Offender Signature:

Date: 6-19-18

**Grievance Response**

A review of the Step 1 medical grievance has been completed. You have requested to receive healthcare and have all occupational codes given by BON/UTMB enforced as the law, and assess medical nurse behavior.

An appellate review of the medical grievance and clinical record indicates the response from Step 1 is appropriate. Upon further review, the nurse you named in your grievance responded to medical urgency and transported you to the medical clinic on 1/31/18. The nurse consulted with the unit provider, who decided your situation was not a medical emergency. The clinic notes reveal you were advised to submit a Sick Call Request to the Mental Health Department. You were evaluated by mental health on the following dates: 05.04.18, 05.15.18, 06.12.18, and 06.20.18. No change in medications was noted.

Documentation in the medical record indicates you have been afforded access to proper medical care in accordance with Correctional Managed Care Policy E-37.1. You are advised to submit a Sick Call Request if you feel your condition has changed to warrant evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date: 6/29/18

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted.\*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<b>Initial Submission</b>	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	
<b>2<sup>nd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	
<b>3<sup>rd</sup> Submission</b>	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	



## STEP 1

OFFENDER  
GRIEVANCE FORM

Offender Name: John H. Gilley TDCJ # 105502S  
 Unit: Stiles Housing Assignment: 19WZ  
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Date Due: \_\_\_\_\_  
 Grievance Code: \_\_\_\_\_  
 Investigator ID #: \_\_\_\_\_  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: APR 17 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Doctor w/ Neurology @ Neurology HG When? 4-12-18

What was their response? Could not provide care because Stiles Unit Infirmary put nothing in records.

What action was taken? Write grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I'm grieving the Stiles Unit Infirmary, the licensed medical doctor responsible, PA Dunlap, NP Glenn, MLP Egessi, RN Bellanger and the rest of the collaborating nursing staff for coming together as a organized crime unit, refusing to treat my chronic worsening condition which may be causing irreparable injury and the wanton infliction of pain and longterm suffering by refusing to provide continuity of care, clearly allowing a licensed specialist medical doctor to provide treatment, quality of care that meets accepted standard of care defined under law/TMB. APR 16 2018

I saw Neurology via teemed on 4-12-18, the Indian doctor I saw asked if Gabepentin & Keppra were helping with the seizures. I had to tell him the unit refused to prescribe the Gabepentin, and I put in sick calls, which I have the orig, regarding the side effects that made my situation worse, about the Keppra. By the unit refusing to send an email to neurology clinic, I suffered an additional four months. Substitution could have been made. Every time I reported my condition worsened, no treatment was provided. I was actually told by one MLP to go see psych so that I could get help accepting my condition. APR 16 2018

When I had a 2 hr seizure, RN Granger covered this up, calling NP Glenn, while MLP Egessi was on site. No report of incident, TDCJ was not tasked for footage to assist in care, nor did anyone else report the incident to the licensed MD of record. My condition is so obvious that the security staff has expressed more interest in helping me than the medical staff. I saw PA Dunlap, he said he didn't know what to do. Well, how about updating Neuro, placing them in the hot seat to find a treatment plan. The only reason I'm in this position is due to me requesting help on 1-11-17 regarding nerve pain that has went to uncontrollable

Case 4:19-cv-00779 Document 1-1 Filed on 03/04/19 in TXSD Page 85 of 202  
on since 2015. I just saw PA/2 Stage 4-10-18. I bet she didn't notify GT clinic via email that I reported the symptoms of IBS/diarrheal were back. 1-15-18

Note: I don't understand how this is redundant. I've written only one grievance regarding ~~me~~ @ HG's visit via telephone and their refusal to treat due to lack of participation/lack of care by the on Unit medical staff.

Action Requested to resolve your Complaint.  
Be provided healthcare by a licensed responsible MD, not affiliated with the CMHC contract (UTMB/UTMB-CMY/Texas Tech).

Offender Signature: John N. Dilley Date: 1-15-18

Grievance Response:

Signature Authority: \_\_\_\_\_ Date: \_\_\_\_\_

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # 2018107134
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: S Lee/S. Lee

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: Keith Dickens

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials:
Grievance #:	<u>2018107134</u>
Screening Criteria Used:	<u>09 16 99</u>
Date Recd from Offender:	<u>APR 16 2018</u>
Date Returned to Offender:	<u>APR 16 2018</u>
<b>2<sup>nd</sup> Submission</b>	UGI Initials:
Grievance #:	
Screening Criteria Used:	
Date Recd from Offender:	
Date Returned to Offender:	
<b>3<sup>rd</sup> Submission</b>	UGI Initials:
Grievance #:	
Screening Criteria Used:	
Date Recd from Offender:	
Date Returned to Offender:	



**ACCEPT  
AS  
ORIGINAL**

Texas Department of Criminal Justice

**STEP 2**

**OFFENDER  
GRIEVANCE FORM**

Offender Name: John H. Gilley TDCJ # 105526F  
 Unit: Pack 1 Housing Assignment: 226  
 Unit where incident occurred: Pack 1

DEC 12 2018		OFFICE USE ONLY
Grievance #:	<u>209017081</u>	
UGI Recd Date:	<u>OCT 31 2018</u>	
HQ Recd Date:	<u>NOV 02 2018</u>	
Date Due:	<u>12/15/2018</u>	
Grievance Code:	<u>024</u>	
Investigator ID #:	<u>10352</u>	
Extension Date:		

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because, the Senior Practice Manager never addressed the refusal to provide effective medical care to treat observed symptoms by staff. Symptoms a layman could clearly see effective care is being withheld.

The Primidone was a medication recommended by Pharmacy on 2018091669 as a substitute for Gabapentin. By providing no medication, as recommended by Neuro, no treatment of symptoms have been provided by provider which clearly shows the provider has told HG I refused this med (4-12-18 neuro notes) when in fact the provider has obviously refused necessary healthcare.

I was prescribed Neprin, Horrible side effects that outweighed any benefits & was substituted Tegretol, Horrible headaches on left side of head, tried NON-ASPIRIN in conjunction, no benefit. I was told by Suthar, MD this med would address severe spasticity in back and calm muscles spasms, I went and asked for treatment on 22 Oct 2018 and offered Depakote. I had constant Reflux after three days, had to stop. NOTE \* I've tried most of these drugs a decade or more ago when I was Physically healthy, and had extreme side effects, that are documented by M HMR, i.e. Effexor, Tegretol, Depakote (Valporic Acid), Nortryptiline.

I was promised by HG that at the minimum, they would

**ACCEPT  
AS  
ORIGINAL**

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Grievance Response:** A review of the Step I medical grievance has been completed regarding your complaint of being denied the treatment as ordered by the Neurology Specialty Clinic at Hospital Galveston (HG). You stated you were prescribed Neurontin and Keppra which has been denied by the unit providers. You asked to have the pharmacy send the medications prescribed by HG.

Review of the electronic health records indicated you were seen last by the Neurology Clinic on 4/12/2018. At that visit, the neurologist documented you had tried Neurontin (gabapentin) with only provided mild relief. The treatment plan documented by the specialist did not list any prescribed medications. The specialist stated you were refusing seizure medications and the gabapentin did not offer relief, as your symptoms were not improving with these medications. The specialist returned your treatment over to the unit providers.

All medications, treatments, and referrals are based on the clinical findings of the provider at the time of their assessment. While you maintain the right to refuse any services offered, you do not have the liberty to dictate what medications, treatments, or appointments will be prescribed. If you feel that your condition has changed and warrants further review, you may wish to submit a Sick Call Request to discuss your concerns with a licensed medical provider. No further investigation is warranted for this issue.

**STEP II MEDICAL GRIEVANCE PROGRAM**

**Signature Authority:** OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION

Date: 11-6-18

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted.\*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2 <sup>nd</sup> Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3 <sup>rd</sup> Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	

To SCR

From: John H. Gilley 40 55269  
A-2-26

I need a 2<sup>nd</sup> opinion for eval regarding a tape worm in my feces and the feeling of a couple of worms under my skin

2/14/19  
S. Allison, RD

Scheduled

4/19 - 11:00  
Brenham, TX

FEB 18 AM 1:30

N.A

(48)

61  
88  
FEB 19 2019 ADP

I spoffed a  $\frac{1}{2}$ " by  $\frac{1}{2}$ " in the left and they are all over my body. You can pinch one and make the humor move.

I need to ~~get~~ receive a ~~nd~~ opinion from Chuck Wurmerie  
regarding assessment for a totalization of field workers  
working under him

Final Dohm Hennig, LLC A-32618 Feb 2019  
1055269

Mon

CCR

Tel. SCL

1182  
7-3-18

1182

To:Med.ca

From John H G Miller

1055269

LWC

4-24

P1

I need to speak to Dr. Henderson about denial of diazepam by pharmacist and a neuro referral requested by pharmacist about having spasms under Anesthesia and straighten up & documentation found already diazepam was notes.

Over

50

MARK S. HENDERSON, M.D.

PATIENT: GILLEY, JOHN H  
6 MILES NE ON I84  
TEAGUE, TX 75860  
MRN: 1055269  
User: HENDERSON, MARK S. M.D.

metronIDAZOLE 500MG TABLET  
Sig: 1 x TABS ORAL 3 TIMES DAILY  
KOP  
Order Date: 06/28/2018 10:45  
Start Date: 06/28/2018 10:45  
Auto Stop Date: 07/12/2018 10:45

Duration: 14 Days  
Refills: None

Rx Written On: 06/28/2018

Prescription Electronically Signed  
by MARK S. HENDERSON, M.D.

I saw this doctor, the only doctor, on site. He did an eval and said he would help get the records straight, and send me back to neurology. The only reason for meeting is this pharmacy request. I received this through a medical requests of records, and no history of visitors listed, nor the non formulary request for diazepam. This is who I learned I was not supposed to use tegretol as a substitute.

(51)

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

1.  Unit Assignment, Transfer (Chairman of Classification, Administration Building)
2.  Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
3.  Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
4.  Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
5.  Visiting List (Asst. Director of classification, Administration Building)
6.  Parole requirements and related information (Unit Parole Counselor)
7.  Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
8.  Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Medical - SCR  
(Name and title of official)

ADDRESS: Pack T

DATE: 7518

SUBJECT: State briefly the problem on which you desire assistance.

I need to see Clinic regarding med renewals (Neuro issues), i.e. referral for med change, (eg. diazepam and gabapentin not being prescribed), as well as discussing muscle spasms occurring under anesthesia per Nurse Anesthesia Emiri (H) on 5-11-18.

Also need decongestant, my ears are hurting from pressure fluid build up.

Thanks

Name: John H. Gilleo No: 1055269 Unit: B PACK  
 Living Quarters: 424 Work Assignment: Brass CZ

DISPOSITION: (Inmate will not write in this space)

Scheduled PSC

JUL 6 AM 1:32

07/06/2018

82

Suspensions

52

PI-60 (Rev. 11-90)

## Texas Department of Criminal Justice



~~DO NOT FILE!!~~

**STEP 1      OFFENDER  
GRIEVANCE FORM**

Offender Name: John H. Gilley TDCJ # 1055269  
 Unit: Pack 1 Housing Assignment: 4, 24  
 Unit where incident occurred: Pack 1

OFFICE USE ONLY

Grievance #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Due: \_\_\_\_\_

Grievance Code: \_\_\_\_\_

Investigator ID #: \_\_\_\_\_

Extension Date: \_\_\_\_\_

Date Rtrd to Offender: \_\_\_\_\_

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? May Perce

When? 7-11-18

What was their response? Can only talk to me, cannot make them treat me

What action was taken? use grievance process.

JUL 25 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I am grieveing Pack 1 clinic and Dr Ayle for refusing to provide necessary medical care by refusing to address issues clearly stated on SCR. JUL 25 2018

Stamped 7-1-18 SCR clearly stated I needed to see provider regarding renewing meds, need for a decongestant, and discuss various neuro issues. Dr Ayle would only see me for renewing meds due to unit transfer and look at my ears. He refused to provide med care for neuro issues.

JUL 25 2018

JUL 25 2018

Action Requested to resolve your Complaint.

Provide <A-2,1> to address SCR  
(E-37,1) I need medical help.

Offender Signature:

Date: JUL 25 2018

Grievance Response:

JUL 24 18

Signature Authority:

Date:

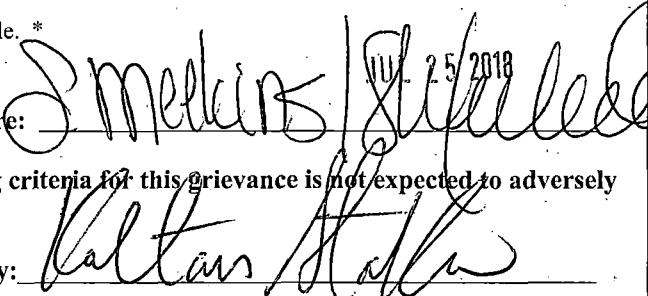
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

JUL 25 2018

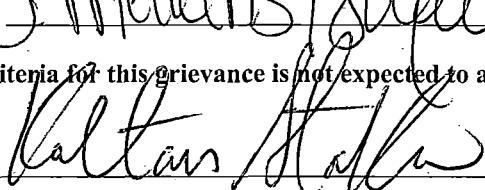
- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature:



Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority:



<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: 8M
Grievance #:	2018170493
Screening Criteria Used:	#1 (699)
Date Recd from Offender:	JUL 25 2018
Date Returned to Offender:	JUL 25 2018
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

Created By Pearl EMR - PHO512 CMCP  
Schema: TDCJ

Report Date/Time: 1/05/2018 04:19PM

**EMR Medication Print Pass**  
*Active Medications From 01/05/2018 to 01/06/2018*

STILES (ST)

**ALLERGIES:**

ANTICHOLINERGICS \ ANTICHOLINERGICS, QUATERNARY | BETA LACTAM ANTIBIOTIC \ CEPHALOSPORINS | DEMEROL | PENICILLINS | PHENYLPIPERAZINE ANTIDEPRESSANT

**PATIENT: GILLEY, JOHN H. MRN: 1055269 DOB: 05/10/1971 HOUSING: 19W BED 002**

<b>CETIRIZINE 10MG TABLET #</b>	Rx ID: 23847524
1 TABS ORAL DAILY FOR 30 DAYS. NFA # 352439A [INDEF]	REFILLS: 2 / 11
RX DATE: 10/16/2017 10:16 AM	RUN START DATE: 12/15/2017 10:16 AM
ORDERING FACILITY: STILES (ST)	RUN END DATE: 01/14/2018 10:16 AM
ORDERING PROVIDER: DUNLAP, BRENDAN A PA	EXPIRATION DATE: 10/11/2018 10:16 AM
MEDICATION STATUS: ACTIVE	ENTRY USER: DUNLAP, BRENDAN A PA
<b>LEVETIRACETAM 500MG TABLET</b>	Rx ID: 24256546
1 TABS ORAL TWICE DAILY FOR 30 DAYS.	REFILLS: 0 / 11
RX DATE: 01/03/2018 06:49 AM	RUN START DATE: 01/03/2018 06:48 AM
ORDERING FACILITY: STILES (ST)	RUN END DATE: 02/02/2018 06:48 AM
ORDERING PROVIDER: GLENN, EMMA R NP	EXPIRATION DATE: 12/29/2018 06:48 AM
MEDICATION STATUS: ACTIVE	ENTRY USER: GLENN, EMMA R NP
<b>LITHIUM CARBONATE 300MG CAP</b>	Rx ID: 23347564
2 CAPS ORAL TWICE DAILY FOR 30 DAYS.	REFILLS: 5 / 9
RX DATE: 07/14/2017 08:12 AM	RUN START DATE: 12/11/2017 08:09 AM
ORDERING FACILITY: STILES (ST)	RUN END DATE: 01/10/2018 08:09 AM
ORDERING PROVIDER: UFONDU, NKECHI L FNP	EXPIRATION DATE: 05/10/2018 08:09 AM
MEDICATION STATUS: ACTIVE	ENTRY USER: UFONDU, NKECHI L FNP
<b>MONTELUKAST 10MG TABLET #</b>	Rx ID: 23641253
1 TABS ORAL EVERY EVENING FOR 30 DAYS. #352469A [INDEF]	REFILLS: 3 / 11
SEVERE ASTHMA	
RX DATE: 09/08/2017 02:11 PM	RUN START DATE: 12/07/2017 02:11 PM
ORDERING FACILITY: STILES (ST)	RUN END DATE: 01/06/2018 02:11 PM
ORDERING PROVIDER: DUMAS, NATASCHA T M.D.	EXPIRATION DATE: 09/03/2018 02:11 PM
MEDICATION STATUS: ACTIVE	ENTRY USER: DUMAS, NATASCHA T M.D.
<b>MONTELUKAST 10MG TABLET #</b>	Rx ID: 23641253
1 TABS ORAL EVERY EVENING FOR 30 DAYS. #352469A [INDEF]	REFILLS: 4 / 11
SEVERE ASTHMA	
RX DATE: 09/08/2017 02:11 PM	RUN START DATE: 01/06/2018 02:11 PM
ORDERING FACILITY: STILES (ST)	RUN END DATE: 02/05/2018 02:11 PM
ORDERING PROVIDER: DUMAS, NATASCHA T M.D.	EXPIRATION DATE: 09/03/2018 02:11 PM
MEDICATION STATUS: ACTIVE	ENTRY USER: DUMAS, NATASCHA T M.D.
<b>SUCRALFATE 1GM TABLET #</b>	Rx ID: 23467061
1 TABS ORAL TWICE DAILY FOR 30 DAYS. WEB MAIL [8/4/18]	REFILLS: 5 / 11
RX DATE: 08/04/2017 02:18 PM	RUN START DATE: 01/01/2018 02:16 PM
ORDERING FACILITY: STILES (ST)	RUN END DATE: 01/31/2018 02:16 PM
ORDERING PROVIDER: GLENN, EMMA R NP	EXPIRATION DATE: 07/30/2018 02:16 PM
MEDICATION STATUS: ACTIVE	ENTRY USER: NICHOLS, CAROL R R.N.

54



Created By Pearl EMR - PHO512 CMCP  
Schema: TDCJ

Report Date/Time: 1/05/2018 04:19PM

**EMR Medication Print Pass**  
*Active Medications From 01/05/2018 to 01/06/2018*

STILES (ST)

**ALLERGIES:**

ANTICHOLINERGICS \ ANTICHOLINERGICS,QUATERNARY | BETA LACTAM ANTIBIOTIC \ CEPHALOSPORINS | DEMEROL | PENICILLINS | PHENYLPIPERAZINE ANTIDEPRESSANT

**PATIENT: GILLEY, JOHN H MRN: 1055269 DOB: 05/10/1971 HOUSING: 19W BED 002**

**VENLAFAXINE ER 150MG CAPSULE**

Rx ID: 23347547

1 CAPS ORAL EVERY EVENING FOR 30 DAYS.

REFILLS: 5 / 9

RX DATE: 07/14/2017 08:12 AM RUN START DATE: 12/11/2017 08:08 AM RUN END DATE: 01/10/2018 08:08 AM  
ORDERING FACILITY: STILES (ST) EXPIRATION DATE: 05/10/2018 08:08 AM  
ORDERING PROVIDER: UFONDU, NKECHI L FNP  
MEDICATION STATUS: ACTIVE ENTRY USER: UFONDU, NKECHI L FNP

**VENLAFAXINE ER 75MG CAPSULE**

Rx ID: 23351145

1 CAPS ORAL EVERY EVENING FOR 30 DAYS. TDD=225MG

REFILLS: 5 / 9

RX DATE: 07/14/2017 12:38 PM RUN START DATE: 12/11/2017 12:38 PM RUN END DATE: 01/10/2018 12:38 PM  
ORDERING FACILITY: STILES (ST) EXPIRATION DATE: 05/10/2018 12:38 PM  
ORDERING PROVIDER: UFONDU, NKECHI L FNP  
MEDICATION STATUS: ACTIVE ENTRY USER: UFONDU, NKECHI L FNP

**ZIPRASIDONE HCL 80MG CAPSULE**

Rx ID: 23347639

1 CAPS ORAL TWICE DAILY FOR 30 DAYS.

REFILLS: 5 / 9

RX DATE: 07/14/2017 08:18 AM RUN START DATE: 12/11/2017 08:17 AM RUN END DATE: 01/10/2018 08:17 AM  
ORDERING FACILITY: STILES (ST) EXPIRATION DATE: 05/10/2018 08:17 AM  
ORDERING PROVIDER: UFONDU, NKECHI L FNP  
MEDICATION STATUS: ACTIVE ENTRY USER: UFONDU, NKECHI L FNP

**DULERA 100/5MCG INH 120PUFFS #**

Rx ID: 23514062

KOP 2 PUFFS INHALATION TWICE DAILY FOR 30 DAYS. [INDEF] NF#316560A

REFILLS: 4 / 11

RX DATE: 08/14/2017 03:26 PM RUN START DATE: 12/25/2017 03:25 PM RUN END DATE: 01/24/2018 03:25 PM  
ORDERING FACILITY: STILES (ST) EXPIRATION DATE: 08/22/2018 03:25 PM  
ORDERING PROVIDER: DUMAS, NATASCHA T M.D.  
MEDICATION STATUS: ACTIVE ENTRY USER: DUMAS, NATASCHA T M.D.

**GABAPENTIN 300MG CAPSULE #**

Rx ID: 24254144

KOP 1 CAPS ORAL AS DIRECTED FOR 10 DAYS. 300MG DAILY X 1 WEEK THEN 600MG 2 X DAY X 6 MOS !!! HG !!! SUTHAR, K.

REFILLS: 0 / 0

X RX DATE: 01/02/2018 01:52 PM RUN START DATE: 01/02/2018 01:50 PM RUN END DATE: 01/12/2018 01:50 PM  
ORDERING FACILITY: HOSP.GALVESTON EXPIRATION DATE: 01/12/2018 01:50 PM  
ORDERING PROVIDER: HG, PROVIDER X M.D.  
MEDICATION STATUS: ACTIVE ENTRY USER: CHERIAN, TESSY R R.Ph.

**LISINOPRIL 20MG TABLET**

Rx ID: 23847508

KOP 1 TABS ORAL DAILY FOR 30 DAYS.

REFILLS: 2 / 11

RX DATE: 10/16/2017 10:16 AM RUN START DATE: 12/15/2017 10:15 AM RUN END DATE: 01/14/2018 10:15 AM  
ORDERING FACILITY: STILES (ST) EXPIRATION DATE: 10/11/2018 10:15 AM  
ORDERING PROVIDER: DUNLAP, BRENDAN A PA  
MEDICATION STATUS: ACTIVE ENTRY USER: DUNLAP, BRENDAN A PA

**OMEPRAZOLE 20MG CAPSULE**

Rx ID: 23847504

KOP 1 CAPS ORAL TWICE DAILY FOR 30 DAYS.

REFILLS: 2 / 11

RX DATE: 10/16/2017 10:16 AM RUN START DATE: 12/15/2017 10:14 AM RUN END DATE: 01/14/2018 10:14 AM  
ORDERING FACILITY: STILES (ST) EXPIRATION DATE: 10/11/2018 10:14 AM  
ORDERING PROVIDER: DUNLAP, BRENDAN A PA  
MEDICATION STATUS: ACTIVE ENTRY USER: DUNLAP, BRENDAN A PA

Created By Pearl EMR - PHO512 CMCP  
 Schema: TDCJ

Report Date/Time: 1/05/2018 04:19PM

**EMR Medication Print Pass**  
*Active Medications From 01/05/2018 to 01/06/2018*  
**STILES (ST)**

**ALLERGIES:**

ANTICHOLINERGICS \ ANTICHOLINERGICS,QUATERNARY | BETA LACTAM ANTIBIOTIC \ CEPHALOSPORINS | DEMEROL | PENICILLINS | PHENYLPIPERAZINE ANTIDEPRESSANT

**PATIENT: GILLEY, JOHN H MRN: 1055269 DOB: 05/10/1971 HOUSING: 19W BED 002**

**PROVENTIL HFA 90MCG INH 200PF**

KOP 2 PUFFS INHALATION 4 TIMES DAILY AS NEEDED FOR 45 DAYS.

Rx ID: 24147711

REFILLS: 0 / 3

RX DATE: 12/11/2017 10:51 AM

RUN START DATE: 12/11/2017 10:51 AM

RUN END DATE: 01/25/2018 10:51 AM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 06/09/2018 10:51 AM

ORDERING PROVIDER: DANIEL, GIDEON A PA

ENTRY USER: DANIEL, GIDEON A PA

MEDICATION STATUS: ACTIVE

**RANITIDINE 150MG TABLET**

Rx ID: 23847519

REFILLS: 2 / 5

KOP 2 TABS ORAL TWICE DAILY FOR 30 DAYS.

RX DATE: 10/16/2017 10:16 AM

RUN START DATE: 12/15/2017 10:15 AM

RUN END DATE: 01/14/2018 10:15 AM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 04/14/2018 10:15 AM

ORDERING PROVIDER: DUNLAP, BRENDAN A PA

ENTRY USER: DUNLAP, BRENDAN A PA

MEDICATION STATUS: ACTIVE

**SODIUM CL 0.65% NAS SPRAY 45ML**

Rx ID: 24052904

REFILLS: 1 / 2

KOP 1 SPRAYS INTRANASAL 3 TIMES DAILY FOR 30 DAYS.

RX DATE: 11/21/2017 01:56 PM

RUN START DATE: 12/21/2017 01:56 PM

RUN END DATE: 01/20/2018 01:56 PM

ORDERING FACILITY: STILES (ST)

EXPIRATION DATE: 02/19/2018 01:56 PM

ORDERING PROVIDER: SMOCK, SANDRA K RN, FNP

ENTRY USER: SMOCK, SANDRA K RN, FNP

MEDICATION STATUS: ACTIVE

**TOTAL FOR GILLEY, JOHN H**

16

55

01



## Texas Department of Criminal Justice

**STEP 1      OFFENDER  
GRIEVANCE FORM**

Offender Name: John H. Gilley TDCJ # K055268  
 Unit: Stiles Housing Assignment: 14W24-74  
 Unit where incident occurred: Stiles

OFFICE USE ONLY

Grievance #: 2018091669  
 Date Received: 2-23-18  
 Date Due: 4-9-18  
 Grievance Code: 616  
 Investigator ID #: I2487  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: SEP 17 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? APRN Glenn

When? 1-30-18

What was their response? I run the inskile of the fence the doctor's run the other side.

What action was taken? Spoke to Dir of Nursing 1-2-18; writing of this formal complaint 1-2-18

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I saw APRN Glenn on 1-30-18 and questioned her authority to refuse to comply with HG's outpatient neurology clinic recommendations for treatment, i.e.

Kepra 500mg twice a day & gabapentin 300mg nightly x 7 days then 600mg twice a day for six months, these meds, deemed critical as routine medications will not be entered into the PEARL EMR/PRS system for outpatients. These meds were entered into the PEARL EMR/PRS system for me before leaving the clinic, at HG. Also, if the patient does not arrive with meds, unit personnel should re-enter the non-formulary medications for 10 days w/o Refills into the system & type "HG-SEND" into the Special Instructions Field. This will trigger the CMC Pharmacist to allow an automatic 10 day approval of the non-formulary medication and the order will be sent. This will allow the provider 10 ~~10~~ days to assess (physically evaluate) the patient and request non-formulary approval for the continuation of therapy, if needed. FEB 23 2018

APRN Glenn refused to follow this excerpt of CMC Formulary Policy in any way, as I was at HG neuro on 1-2-18, saw her on 1-30-18! And Gabapentin never reordered. I have a copy of EMR Print Pass showing she reordered Kepra but not Gabapentin, and refused to asses patient, FEB 23 2018

*FEB 23 2018*

FEB 23 2018

FEB 23 2018

Action Requested to resolve your Complaint.  
 To ensure all CMIC policies as MDs weren't ordered/patient not assessed, and provide access to a registered/licensed MD, as I need to see one, (A-2.1).

Offender Signature: John A. S.

Date: 28-18

Grievance Response:

Review of your medical record reveals that a non-formulary request was submitted on your behalf but was deferred with the following remarks: PATIENT WAS INTIATED KEPRA, PLEASE CONTINUE FORMULARY AGENT. NO INDICATION OR FDA APPROVAL FOR THE TREATMENT OF MYCLONIC OR INCOLUNTARY FOR GABAPENTIN. PATIENT HAS NOT FAILED ALL FORMULARY AGENTS, MAY CONSIDER PRIMIDONE. With stating that, HG orders are recommendations only. The unit provider is ultimately responsible for your health and treatment. However, the unit provider did attempt to order what was recommended by the specialty provider. Our specialty providers and unit providers will continue to work together to provide the best care to our patients. Should you have any issues, please submit a SCR-listing any signs/ symptoms you are having and you will be scheduled accordingly. No further action warranted at this time.

Signature Authority: Edward DeLoach

Date: 7/6/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



## Texas Department of Criminal Justice

**STEP 2**
**OFFENDER  
GRIEVANCE FORM**

Offender Name: John H Gilley TDCJ # 1D552L9  
 Unit: Packl Housing Assignment: H-24 2-21Q  
 Unit where incident occurred: Stiles & Packl

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2018091669</u>
UGI Recd Date:	<u>SEP 26 2018</u>
HQ Recd Date:	<u>OCT 01 2018</u>
Date Due:	<u>11/10/18</u>
Grievance Code:	<u>Cele</u>
Investigator ID#:	<u>I0352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

When I received this 2 months after the date signed, I showed this grievance to Lindsey, NP on Packl on Sept 19, I still do not have a replacement for the gabapentin, even though Primidone was recommended by the pharmacy. What can be seen is Stiles Unit never prescribed this replacement, nor discussed it. And the gabapentin was prescribed for the severe burning. And the gabapentin never arrived to stiles, even though policy clearly states it should have.

Neurology ordered meds to treat symptoms. Pharmacy, and provider conspired to work against Neurology. I've received no treatment in the process, and have been accused by Neuro for refusing gabapentin. All this a hoax, making me suffer, violating all statements of care delivery.

The Keppra caused extreme headaches, body aches, nausea, chills. I wrote 10 F-60's in the month of January 2018, I finally got a replacement from the most unlikely place, Ufondo, NP which was Tegretol. The body aches are manageable, but the headaches are getting severe. I can't take it every day. I spoke to Dr. Henderson @ Stiles, and was told that Tegretol wasn't the right substitute. I explained to Dr. Henderson that no one would provide a sub for the Keppra, so I went to Psych on 5-4-18. He told me Diazepam was the next med after Keppra, especially if both anti-convulsants are causing severe headaches on left side of head. That was prescribed. Pharmacy blocked another med. ~~Keppra~~ When do I get assessed by pharmacy for my inability to walk. And how does Neuro act the idea I'm non-compliant. From pharmacy & providers

I've done all I know to do to seek treatment to walk. Someone does not want me to walk, I see one person @ AG - Sober. Everyone has conspired to prevent this treatment. The only person that showed promise was Dr. Anderson's Sister, Dr. Anita @ Peck I refused to address nerve issues upon arrival to Peck, no repeat visits to So far I've received a continuation of new care.

Offender Signature: John D. Gillley

Date: 9-26-18

Grievance Response:

A review of the medical grievance and documentation has been completed regarding your complaint of receiving medication as ordered by Neurology-Hospital Galveston.

You have been evaluated by unit provider on 01/30/2018, and medications were reordered and Keppra was initiated. The Gabapentin request was issued to pharmacy, but was denied as this medication is no longer available on formulary. The unit physician reviewed your medical records 02/22/2018, and no changes were made.

Hospital Galveston orders are recommendations only. The unit provider is ultimately responsible for your health and medications. Documentation indicates since the time of Step 1 medical grievance was answered, you have continued to be seen in accordance with Correctional Managed Healthcare Policy E:37:1 If you feel your situation has changed to warrant further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: \_\_\_\_\_

Date: 10/4/18

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted.\*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

\*Grievable time period has expired

I-128 Back (Revised 11-2010) possible \*

Originals not submitted. \*

**OFFICE USE ONLY**

**Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**